



MONMOUTHSHIRE COUNTY COUNCIL.

---

PUBLIC HEALTH  
REPORT  
FOR THE YEAR 1937.

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D. ROCYN JONES,

*C.B.E., K.St.J., J.P., M.B., D.P.H.,*

County Medical Officer,

COUNTY HALL,  
NEWPORT, MON.

15th JULY, 1938.





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REPORT  
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**D. ROCYN JONES,**

*C.B.E., K.St.J., J.P., M.B., D.P.H.,*

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COUNTY HALL,  
NEWPORT, MON.

23rd JULY, 1938.

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**REVIEW**  
OF THE  
**GENERAL SANITARY CONDITIONS**  
OF THE  
**COUNTY OF MONMOUTH,**  
**For the Year ended December 31st, 1937.**

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**SCOPE OF THE REPORT.**

Under Article 17 (5) of the Sanitary Officers' (Outside London) Regulations, 1935, and in accordance with Circular 1650 (Wales) of the Ministry of Health (Welsh Board of Health), the Annual Reports for the year 1937 become the seventh of the series of Ordinary Reports. Reports of a full and detailed character known as "Survey Reports" are required by the Ministry of Health at intervals of not less than five years. The Report for the year 1930 was a "Survey Report", and completed the second series of Annual Reports.

The Circular for the year 1937 has been followed as far as possible for the work for which the County Council is directly responsible. At the time of going to press very few of the Reports of the District Medical Officers have been received, consequently it has not been possible to deal fully with some of the subjects.

**ALTERATIONS TO BOUNDARIES.**

During the year 1935, as a result of the proposals of the County Council for the redistribution of county areas under the provisions of the Local Government Act, 1929, the urban areas of Abersychan, Panteg and Pontypool were combined into one urban district named the Pontypool Urban District; the urban areas of Llanfrechfa Upper and Llantarnam were combined into one urban district named the Cwmbran Urban District; and the rural areas of Magor and St. Mellons were combined into one rural district named the Magor and St. Mellons Rural District. These new county districts continue to function smoothly.

**Cardiff Extension Bill.**

During the year the Cardiff Extension Bill was deposited in Parliament and provided for the extension of the boundaries of the City of Cardiff. One

of the provisions of the Bill was to transfer the Parish of Rumney to the Cardiff City, and although this action was strenuously opposed by the Magor and St. Mellons Rural District Council and the County Council, the Bill passed a Select Committee of the House of Lords and the transfer will take place as and from the 1st April, 1938. A review of the effect of this Bill upon public health administration will be given in the Report for the year 1938.

## **STATISTICS AND SOCIAL CONDITIONS OF THE AREA.**

Area (in acres), 342,249.

Population (1931) Census, 345,755.

Do. Estimated 1937, 312,300.

Rateable value, £1,122,945.

Sum represented by a penny rate £4,046.

**SOCIAL CONDITIONS.**—The County of Monmouth is partly industrial and partly agricultural. The Rhymney, Sirhowy, Western and Eastern Valleys are thickly populated coal mining districts, in which are also Iron, Steel and Tinsplate works. In addition there are coal by-product plants in some of these districts. The Eastern and Southern portions of the County are practically agricultural communities.

The Social conditions generally remain much the same. Extensive unemployment still exists in the industrial parts of the County.

Reference to the influence of a particular occupation on Public Health is given in the Report of the County Pathologist under the heading Laboratory Facilities.

The Collieries and Works have well organised medical arrangements. The District Hospitals and the Royal Gwent Hospital at Newport are well patronised by residents of the County, but do not meet the full needs of general hospital facilities.

## **VITAL STATISTICS.**

The Vital Statistics for England and Wales for the year 1937, compiled by the Registrar-General, are as in the subjoined table. The Monmouthshire figures are given for the purpose of comparison.

# VITAL STATISTICS FOR THE YEAR 1937.

DISTRICT	ESTIMATED POPULATION.	BIRTHS								DEATHS				INFANTILE MORTALITY.				Zymotic Death-rate per 1000 of esti- mated population.	Tubercular Death-rate per 1000 of estimated population (including Phthisis and other Tubercular diseases)	Respiratory diseases Death-rate per 1000 of estimated population.	Medical Officer of Health
		LEGITIMATE		ILLEGITIMATE		TOTAL		GRAND TOTAL	Rate per 1000 of popula- tion	Male	Female	Total	Rate per 1000 of popula- tion	Deaths under 1 year of age.							
		Male	Female	Male	Female	Male	Female							Leg.	Illegit- imate.	Total.	Rate per 1,000 births.				
URBAN.																					
Abercarn ... ..	18750	150	138	2	4	152	142	294	15·6	121	106	227	12·1	17	—	17	57·8	·10	·85	1·76	E. M. Griffith, M.D., Abercarn
Abergavenny ... ..	7959	56	55	4	3	60	58	118	14·8	69	58	127	15·9	4	1	5	42·3	—	·75	1·13	H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny
Abertillery ... ..	28600	237	235	8	5	245	240	485	16·9	199	166	365	12·7	34	2	36	74·2	·24	·66	1·95	T. Baillie Smith, M.B., CH.B., D.P.H., Abertillery
Bedwas and Machen ... ..	8462	72	61	2	3	74	64	138	16·3	56	36	92	10·8	11	—	11	79·7	·35	1·77	1·53	Cecil E. P. Davies, L.M.S.S.A. Machen
Bedwellty ... ..	28640	280	233	7	12	287	245	532	18·5	175	140	315	10·9	33	1	34	63·7	·41	·69	1·18	S. R. MacMillan, M.B., B.CH., New Tredegar
Blaenavon ... ..	10000	67	60	3	4	70	64	134	13·4	91	80	171	17·1	11	—	11	82·0	—	1·10	2·50	J. J. Crowe, L.A.H., Blaenavon
Caerleon ... ..	3347	20	15	—	—	20	15	35	10·4	28	13	41	12·2	3	—	3	85·7	—	·89	·89	W. H. Reynolds, M.R.C.S., L.R.C.P., Caerleon
Chepstow ... ..	4130	39	31	3	1	42	32	74	17·9	23	20	43	10·4	—	—	—	—	·24	·48	·48	J. J. O'Reilly, M.B., B.CH., B.A.O., Chepstow
Cwmbran ... ..	10950	80	68	6	1	86	69	155	14·1	86	60	146	13·4	12	—	12	77·4	·09	·54	·91	F. C. Jones, M.B., CH.B., M.R.C.S., L.R.C.P., Cwmbran
Ebbw Vale ... ..	29850	265	246	5	5	270	251	521	17·4	240	205	445	14·9	49	1	50	95·9	·31	1·10	2·14	F. M. Fonseca, F.R.C.S., D.P.H., Ebbw Vale
Monmouth ... ..	4828	38	28	5	—	43	28	71	14·7	34	26	60	12·4	1	1	2	28·1	—	·41	·62	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth
Mynyddislwyn ... ..	13320	104	120	6	1	110	121	231	17·3	72	68	140	10·5	10	—	10	43·2	·30	·75	1·35	C. G. Mackay, M.B., CH.B., Blackwood
Nantyglo and Blaina ... ..	11800	84	74	1	5	85	79	164	13·8	95	73	168	14·2	9	—	9	54·8	·08	·67	·76	F. M. Wallen-Gunn, M.R.C.S., L.R.C.P., Blaina
Pontypool ... ..	40540	304	301	8	10	312	311	623	15·3	278	252	530	13·0	37	—	37	59·3	·27	·86	2·02	T. J. McAllen, M.B., CH.B., Pontypool
Rhymney ... ..	9576	83	60	1	1	84	61	145	15·1	76	54	130	13·5	16	—	16	110·3	1·14	·10	2·08	R. V. de A. Redwood, F.R.C.S., L.R.C.P., Rhymney
Risca ... ..	14990	106	101	5	6	111	107	218	14·5	121	69	190	12·6	7	—	7	32·1	·20	1·00	1·06	N. N. Wade, M.D., CH.B., Risca
Tredegar ... ..	21140	167	157	5	9	172	166	238	11·2	138	114	252	11·9	24	1	25	105·0	·28	·75	1·32	E. T. H. Davies, M.D., M.S., F.R.C.S., L.R.C.P.,
Usk ... ..	1218	10	10	—	—	10	10	20	16·4	4	8	12	9·8	—	—	—	—	—	—	1·64	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk [Tredegar
RURAL.																					
Abergavenny ... ..	8355	40	50	1	4	41	54	95	11·3	54	47	101	12·0	—	1	1	10·5	—	·35	·35	O. G. Coldicott, M.B., CH.B., Abergavenny
Chepstow ... ..	8566	62	53	3	3	65	56	121	14·1	49	45	94	10·9	6	—	6	49·5	·11	·93	1·28	J. J. O'Reilly, M.B., B.CH., B.A.O., Chepstow
Magor & St. Mellons ... ..	16030	120	92	2	4	122	96	218	13·5	92	75	167	10·4	13	—	13	59·6	·06	·74	·99	N. N. Wade, M.D., CH.B., Risca
Monmouth ... ..	5900	37	33	1	4	38	37	75	12·7	40	43	83	14·0	4	1	5	66·6	·33	·67	1·01	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth
Pontypool ... ..	5349	35	19	—	2	35	21	56	10·4	30	15	45	8·4	1	—	1	17·8	—	·37	1·12	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk
Grand Totals, 1937 ... ..	312300	2456	2240	78	87	2534	2327	4861	15·5	2171	1773	3944	12·6	302	9	311	63·9	·24	·79	1·54	
Totals for Year 1936 ... ..	319940	2515	2395	90	88	2605	2483	5088	15·9	2192	1735	3927	12·2	293	21	314	61·7	·23	·71	1·42	





	Birth Rate per 1,000 of population.				Death Rate per 1,000 living.		Deaths under one year per 1,000 births.	
	Live Births	Still Births	Live Births	Still Births				
<b>ENGLAND &amp; WALES</b> ...	1937 <b>14.9</b>	1937 <b>0.60</b>	(1936) <i>(14.8)</i>	(1936) <i>(0.61)</i>	1937 <b>12.4</b>	(1936) <i>(12.1)</i>	1937 <b>58.0</b>	(1936) <i>(59.0)</i>
125 County Boroughs and Great Towns, including London ... ..	14.9	0.67	<i>(14.9)</i>	<i>(0.67)</i>	12.5	<i>(12.3)</i>	62.0	<i>(63.0)</i>
148 Smaller Towns (Estimated resident population 25,000 to 50,000 at census 1931) ...	15.3	0.64	<i>(15.0)</i>	<i>(0.64)</i>	11.9	<i>(11.5)</i>	55.0	<i>(55.0)</i>
London ... ..	13.3	0.54	<i>(13.6)</i>	<i>(0.53)</i>	12.3	<i>(12.5)</i>	60.0	<i>(66.0)</i>
<b>MONMOUTHSHIRE</b> ...	<b>15.5</b>	<b>0.90</b>	<i>(15.9)</i>	<i>(0.96)</i>	<b>12.6</b>	<i>(12.2)</i>	<b>63.9</b>	<i>(61.7)</i>

In all cases the estimated populations as supplied by the Registrar-General have been used for the purposes of this table.

**BIRTHS.**—The total number of births registered in the Administrative County during 1937 was 4,861, made up as follows:—

	Legitimate		Illegitimate		Total		Grand Total
	M.	F.	M.	F.	M.	F.	
Urban Districts ...	2163	1993	71	70	2233	2063	4296
Rural Districts ...	294	247	7	17	301	264	565
Total ... ..	2456	2240	78	87	2534	2327	4861

In 1936 there were 5,088 births; in 1935, 5,275 births; in 1934, 5,591 births; in 1933, 5,563 births; in 1932, 5,885 births; in 1931, 6,146 births; in 1930, 6,342 births; in 1929, 6,149 births; in 1928, 6,612 births; in 1927, 6,552 births; in 1926, 7,575 births; in 1925, 8,100 births; in 1924, 8,368 births; in 1923, 8,737 births; in 1922, 8,805 births; in 1921, 10,312 births; in 1920, 10,779 births; in 1919, 8,487 births; in 1918, 8,948 births, and in 1917, 8,402 births. The birth rate for 1937 was 15.5 per 1,000 persons living. In 1936 the rate was 15.9; in 1935, 16.12;

in 1934, 16.49; in 1933, 16.29; in 1932, 17.1; in 1931, 17.6; in 1930, 17.6; in 1929, 17.8; in 1928, 18.3; in 1927, 17.5; in 1926, 20.3; in 1925, 21.5; in 1924, 22.3; in 1923, 23.5; in 1922, 23.8; in 1921, 28.3; in 1920, 29.2; in 1919, 22.9; in 1918, 24.8; and in 1917, 23.1.

For the Urban Districts of the County the birth-rate was 16.0 per 1,000 for 1937, and for the Rural Districts, 12.7, as compared with 16.3 and 12.9 respectively in 1936 and 16.7 and 12.4 in 1935.

The birth rate shows a further decrease, being .4 lower than the figure for the year 1936 (15.9). There were 227 less births in the Administrative County during the year 1937, as compared with 1936.

The number of births of illegitimate children was 165 which gives a rate of 33.9 per 1,000 of the total births, and .52 per 1,000 population. Last year the number was 178, equal to 34.9 per 1,000 births, and .55 per 1,000 of population. For the year 1935, the figures were 174 equal to 32.9 per 1,000 births, and .53 per 1,000 population.

The birth-rate for England and Wales was 14.9.

**DEATHS.**—The total number of deaths registered in the Administrative County as shown by the Registrar-General's table, was 3,944, as compared with 3,927 in 1936; 3,761 in 1935; 3,979 in 1934; 3,927 in 1933; 3,843 in 1932; 4,175 in 1931; 3,688 in 1930; 4,069 in 1929; 3,954 in 1928; 4,088 in 1927; 3,499 in 1926; 3,980 in 1925; 3,962 in 1924; 3,860 in 1923; 4,238 in 1922; 4,107 in 1921; 4,379 in 1920; 4,171 in 1919; 4,943 in 1918; and 3,822 in 1917.

The general death-rate calculated upon the estimated population figure of the Registrar-General—312,300, works out at 12.6 per 1,000 living. In 1936 the rate was 12.2; in 1935, 11.5; in 1934, 11.7; in 1933, 11.49; in 1932, 11.1; in 1931, 12.01; in 1930, 10.2; in 1929, 11.3; in 1928, 10.9; in 1927, 11.0; in 1926, 9.4; in 1925, 10.6; in 1924, 10.6; in 1923, 10.4; in 1922, 11.4; in 1921, 11.3; in 1920, 11.9; in 1919, 11.7; in 1918, 15.3; and in 1917, 11.7. For the Urban Districts the rate for 1937 was 12.8; and for the Rural Districts, 11.0.

The County death-rate of 12.6 per 1,000 of population shows a further increase, the rate for 1936 being 12.2; and is higher than that for England and Wales, 12.4.

**STILLBIRTHS.**—The number of stillbirths recorded during the year was 284, compared with 309 in 1936 and 321 in 1935. The rate per 1,000 of population for 1937 is .90; in 1936 it was .96; and in 1935, .98. This rate continues to compare unfavourably with that for England and Wales, which for 1937 was .60.







### **WOMEN DYING IN, OR IN CONSEQUENCE OF CHILDBIRTH.—**

The number of deaths registered during the year from accidents and diseases of pregnancy and parturition was 22, 8 from Puerperal Sepsis and 22 from other causes associated with childbirth. This is equal to a rate of 4·52 per 1,000 live births, which shows a very appreciable decrease compared with last year (6·8). The rate is still considerably higher than that of England and Wales, which for the year 1937 was 3·23 per 1,000 live births registered.

**INFANTILE MORTALITY.**—The total number of deaths under one year of age throughout the Administrative County was 311, 285 in the Urban Districts and 26 in the Rural Districts.

The rate per 1,000 births was 63·9, an increase of 2·2 upon the figure for 1936, which was 61·7.

In the Urban Districts the rate was 66·3 per 1,000 births, and in the Rural Districts 46·0 per 1,000 births.

In 1936 the Infantile Mortality rate was 61·7; in 1935, 61·4; in 1934, 57·4; in 1933, 71·72; in 1932, 67·7; in 1931, 71·9; in 1930, 64·9; in 1929, 67·7; in 1928, 72·29; in 1927, 87·3; in 1926, 66·1; in 1925, 83·8; in 1924, 75·6; in 1923, 73·0; in 1922, 83·4; in 1921, 91·5; in 1920, 87·9; in 1919, 88·0; in 1918, 97·6; in 1917, 84·3; in 1916, 88·4; in 1915, 128·5; in 1914, 106; in 1913, 115; in 1912, 105; and in 1911, 149 per 1,000 births.

The rate for England and Wales was 58·0.

The average Infantile Mortality rate for the 25 years, 1891-1915, was 137·4. The average rate for the 22 years, 1916-1937, was 75·7.

The number of deaths of illegitimate children under one year of age was 9, or 1·8 per 1,000 of all births, and 54·5 per 1,000 of illegitimate births. Last year the number of deaths was 7, or 1·3 per 1,000 of all births, and 39·3 per 1,000 of illegitimate births.

The measures adopted by the County Council for the reduction of Infantile Mortality are fully dealt with in the Report upon Maternity and Child Welfare for the year 1937.

Number of deaths occurring during certain age periods in children under one year of age :—

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Urban Districts	104	29	15	8	156	43	35	29	18	281
Rural Districts	8	2	2	1	13	7	1	2	1	24
Totals	112	31	17	9	169	50	36	31	19	305

N.B.—The figures in the foregoing table were supplied by the District Medical Officers of Health.

CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR OF AGE.

Causes of Death.	No. of Deaths.			Rate per 1000 Births— Administrative County.
	Urban Districts.	Rural Districts.	Administrative County.	
Infectious Diseases ...	12	—	12	2.4
Diarrhoeal Diseases ...	24	3	27	5.5
Wasting Diseases ...	158	15	173	35.5
Respiratory Diseases ...	60	4	64	13.1
Tubercular Diseases ...	3	1	4	.8
Other Causes ...	28	3	31	6.3
Totals ...	285	26	311	63.9

The number of deaths in the Administrative County from the following diseases was :—

Measles—all ages ...	17
Whooping Cough—all ages ..	13
Diarrhoea—under 2 years of age ...	28

## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

### PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

#### COUNTY MEDICAL OFFICER OF HEALTH.

D. Rocyn Jones, C.B.E., K.St.J., J.P., M.B., Ch.M., D.P.H.

#### COUNTY BACTERIOLOGIST AND PATHOLOGIST.

Gwyn Rocyn Jones, M.A., M.B., B.Chir. (Camb.), L.R.C.P., M.R.C.S.,  
D.P.H.

#### ASSISTANT COUNTY MEDICAL OFFICERS.

Mary Scott, M.B., Ch.B.

Mary H. M. Gordon, M.B., Ch.B., D.P.H.

Annie Roberts, M.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Teresa M. O'Riordan, B.A., M.B., B.Ch., D.P.H.

William Bowen Owen, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

Evelyn D. Owen, M.B., M.R.C.S., L.R.C.P., D.P.H.

William Panes, M.R.C.S., L.R.C.P., D.P.H.

Alice M. S. Dewar, M.B., Ch.B., D.P.H.

Bernard Leo MacQuillan, M.B., B.Ch., B.A.O., D.P.H.

Harry V. M. Jones, M.B., B.S., D.P.H.

Winifred Evelyn Probert, M.R.C.S., L.R.C.P., D.P.H.

Mary Rose MacQuillan, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

#### COUNTY TUBERCULOSIS OFFICERS.

J. Glyn Jones, M.A., M.B., B.Chir.

(West Monmouthshire Area) assisted by

H. A. Evans, M.B., B.S.

A. Carveth Johnson, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.

(East Monmouthshire Area) assisted by

F. W. Godbey, M.D., B.Ch., D.P.H.

*The Tuberculosis Officers are engaged by the Welsh National Memorial Association, with whom the County Council has contracted for treatment of their Tuberculosis cases.*

#### VENEREAL DISEASES OFFICERS (Part time).

P. C. P. Ingram, M.B., B.S., M.R.C.S., L.R.C.P. (Men's Clinic).

Mary H. M. Gordon, M.B., Ch.B., D.P.H. (Women's Clinic).

*All cases of Venereal Diseases are treated at the Royal Gwent Hospital, Newport, with which the County Council has an agreement therefor.*

# MEDICAL OFFICERS FOR MATERNITY AND CHILD WELFARE.

*All the Assistant County Medical Officers devote a part of their time to the work of Maternity and Child Welfare. In addition the following part time Officers are engaged :—*

E. M. Griffith, M.D., Abercarn, Mon.  
 Guy W. Parry, M.R.C.S., L.R.C.P., Abergavenny.  
 R. J. S. Verity, L.S.A., L.M.S.S.A., Garndiffaith.  
 T. Baillie Smith, M.B., Ch.B., D.P.H., Abertillery.  
 J. J. O'Reilly, M.B., B.Ch., B.A.O., Chepstow.  
 F. M. Fonseca, L.A.H., F.R.C.S.I., D.P.H., Ebbw Vale.  
 W. H. Williams, B.A., M.R.C.S., L.R.C.P., Monmouth.  
 R. V. de Acton Redwood, F.R.C.S., L.R.C.P., Rhymney.  
 E. T. H. Davies, M.D., M.S., F.R.C.S., Tredegar.

## MEDICAL SUPERINTENDENTS.

### *Poor Law Institutions.*

#### (1) Whole time.

John G. Owen, B.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H., Ty Bryn Institution, Tredegar.

#### (2) Part time.

H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny Institution.  
 J. P. Jenkins, M.R.C.S., L.R.C.P., Coed-y-gric Institution, Griffithstown.  
 J. J. O'Reilly, M.B., B.Ch., B.A.O., Chepstow Institution.  
 W. H. Reynolds, M.R.C.S., L.R.C.P., Cambria House Institution, Caerleon.  
 W. H. Williams, B.A., M.R.C.S., L.R.C.P., Monmouth Institution, Monmouth.

In the cases of the Abergavenny, Caerleon and Monmouth Institutions which have now been closed, the services of Dr. Griffiths, Dr. Reynolds and Dr. Williams have been retained for Casual ward cases only.

### *Mental Hospital, Abergavenny.*

N. R. Phillips, M.D., M.R.C.S., L.R.C.P., Medical Superintendent.

## CONSULTANTS.

### *Orthopædic Surgeon (Part Time):*

A. Rocyn Jones, M.B., B.S. (Lond.), F.R.C.S. (Eng.).  
 D. N. Rocyn Jones, M.A., M.D., F.R.C.S. (Eng.).

### *Ophthalmic Surgeons (Part Time):*

R. J. Coulter, M.B., F.R.C.S. (Irel.).  
 W. J. Roche, M.D., B.A.O.

### *Ear, Nose and Throat Surgeon (Part Time):*

D. B. Sutton, M.B., B.S., F.R.C.S.

*Obstetrician (Part Time):*

G. I. Strachan, M.D., Ch.B., F.R.C.P., F.R.C.S. (Eng. and Edin.).

*Physician in charge of Rheumatic Clinics (Part Time):*

A. Goronwy Watkins, B.Sc., M.D., M.B., B.S., M.R.C.P., M.R.C.S.

## DENTAL SURGEONS.

C. J. Hurry Riches, L.D.S., R.C.S. (Part Time).

C. G. Saxon, L.D.S., R.C.S. (Whole Time).

Eluned O. Jones, L.D.S. (Whole Time).

J. K. Noot, L.D.S., R.C.S. (Whole Time).

Elizabeth M. Young, L.D.S., R.C.S. (Whole Time).

## DISTRICT MEDICAL OFFICERS UNDER THE POOR LAW ACTS.

Name and District.	Name and District.
Dr. O. G. Coldicott, Abergaveny.	Dr. E. M. Griffith, Abercarn (Lower)
„ G. W. Parry, Llanarth.	„ C. G. MacKay, Mynyddislwyn.
„ A. H. James, Blaenavon.	„ G. R. Strong, Magor.
„ J. H. Verwey, Nantyglo.	„ Cecil E. P. Davies, Bedwas and
„ F. M. Fonseca, Ebbw Vale (Part)	Machen.
„ J. McCaig, Ebbw Vale (Part).	„ G. E. Hull, Graig & Rogerstone
„ D. McIntosh, Ebbw Vale (Part)	„ D. Macaulay, Maesycwmmmer.
„ J. G. Owen, Tredegar.	„ W. H. Reynolds, Caerleon and
„ R. V. de Acton Redwood,	Christchurch.
Rhymney.	„ W. Irwin, Marshfield.
„ S. R. MacMillan, New Tredegar.	„ N. N. Wade, Risca.
„ W. F. Mulvey, Abertillery.	„ F. Carlton Jones, Llantarnam,
„ W. McKendrick, Blackwood,	Llanfrechfa Upper and
Pengam and Rock.	Lower.
„ T. J. Davies, Argoed and Holly-	„ H. C. Conwy Joyce, St. Mellons.
bush.	„ J. P. J. Jenkins, Panteg.
„ J. J. O'Reilly, Tintern, Chep-	„ R. J. S. Verity, Abersychan
stow and Shirenewton.	(North).
„ Owen T. Jones, Caldicot.	„ J. D. MacQuillan, Abersychan
„ W. M. Langdon, Raglan.	(Central).
„ G. H. Scott, Skenfrith,	„ E. L. M. Hackett, Usk.
Grosmont and Llangua.	„ T. J. Frost, Llanhilleth.
„ M. Horan, Trelleck.	„ A. M. Brook, Beaufort.
„ P. G. Harvey, Monmouth.	„ K. S. Thom, Dukestown.
„ W. H. Williams, Rockfield.	„ T. J. McAllen, Pontypool.
„ M. J. Ryan, Abercarn (Upper).	„ Ivor Thomas, Abertysswg.
„ B. J. Carlin, Blaina.	„ H. A. Keane, Bettws.
„ R. W. Scanlon, Six Bells.	



## PUBLIC VACCINATORS.

Name and District.	Name and District.
Dr. W. H. Reynolds, Christchurch (Part)	Dr. W. T. E. Blackmore, Llanarth.
„ M. J. Ryan, Abercarn (Upper).	„ O. G. Coldicott, Abergavenny.
„ E. M. Griffith, Abercarn (Lower)	„ T. J. Frost, Llanhilleth.
„ C. G. MacKay, Mynyddislwyn.	„ E. L. M. Hackett, Usk.
(Part).	„ J. P. J. Jenkins, Coedygric Poor
„ G. R. Strong, Magor.	Law Institution and Panteg.
„ C. P. Davies, Bedwas.	„ R. J. S. Verity, Abersychan (N).
„ G. E. Hull, Graig & Rogerstone.	„ J. D. MacQuillan, Abersychan
„ D. Macaulay, Maesycwmmmer.	(Central).
„ W. H. Reynolds, Caerleon.	„ T. J. McAllen, Pontypool.
„ W. Irwin, Marshfield.	„ J. H. Verwey, Aberystruth (part)
„ N. N. Wade, Risca.	„ F. M. Wallen-Gunn,
„ F. Carlton Jones, Llantarnam.	Aberystruth (Part).
„ H. A. Keane, Bettws.	„ F. M. Fonseca, Ebbw Vale
„ H. C. C. Joyce, St. Mellons.	(Part).
„ W. H. Williams, Monmouth and	„ J. McCaig, Ebbw Vale (Part).
Rockfield.	„ A. Franklin, Ebbw Vale,
„ P. G. Harvey, Trelleck.	(Part).
„ W. M. Langdon, Raglan.	„ J. Owen, Tredegar.
„ G. Hope Scott, Skenfrith.	„ R. V. de Acton Redwood,
„ E. W. Hardman, Chepstow,	Rhymney and Abertysswg.
Shirenewton and Tintern.	„ S. R. Macmillan, New Tredegar.
„ Owen T. Jones, Caldicot.	„ W. F. Mulvey, Abertillery.
„ A. Brook, Beaufort.	„ T. J. Davies, Argoed and
„ K. S. Thom, Dukestown.	Hollybush.
and Llechryd.	„ S. R. Macmillan, Aberbargoed.
„ G. Hope Scott, Grosmont and	„ J. G. Owen, Bedwellty Poor Law
Llangua.	Institution, Tredegar.
„ A. H. James, Blaenavon.	„ D. Macaulay, Blackwood.

## VETERINARY SURGEONS (Part Time).

G. Digby Watkins, M.R.C.V.S.,  
Tredegar.  
W. H. Williams, M.R.C.V.S.,  
Abergavenny.  
H. S. Robinson, M.R.C.V.S.,  
Newport.  
E. Armstrong, M.R.C.V.S., New-  
port.  
S. J. Cotton, M.R.C.V.S., Usk.

Veterinary service discontinued as  
and from 1st April, 1938, under the  
provisions of the Agriculture Act,  
1937.

## PUBLIC ANALYST.

G. Rudd Thompson, F.I.C., F.C.S., Newport.

## COUNTY SANITARY INSPECTOR.

J. Jenkin Evans, A.R.S.I., M.S.I.A., Inspector of Meat and Other Foods.



INSPECTORS UNDER THE SALE OF FOOD AND DRUGS ACTS.

Gwyn C. Jenkins (Board of Trade Certificate).

T. R. Davies, ditto.

A. W. Prosser, ditto.

Each of the above Inspectors has an assistant.

VACCINATION OFFICERS.

Name and Districts.

J. Morgan, Blaenavon.

E. Rowland, Mynyddislwyn.

Name and Districts.

E. J. Winstone, Abertillery, Beaufort, Caerleon, Chepstow, Ebbw Vale, Llanhilleth, Llantarnam, Monmouth, Panteg, Pontypool, Rhymney, Rogerstone, Tredegar, Trelleck, Usk, Abergavenny, Llanarth, Llanfihangel Crucorney.

CHIEF INSPECTRESS OF MIDWIVES.

Dr. Mary Scott (M.B., Ch.B.).

DISTRICT SUPERVISORS OF MIDWIVES.

Nurses O. Griffiths, K. M. Walters and C. Davies.

INSPECTRESS UNDER THE MENTAL DEFICIENCY ACTS for the Eastern portion of the County, After-care Sister (Orthopædic Scheme), and Infant Protection Officer.

Miss Olwen Griffiths, Special Training in After-Care Orthopædic Nursing and Mental Deficiency Work. Fever Hospital and General Training C.M.B.

INSPECTRESS UNDER THE MENTAL DEFICIENCY ACTS for the Western portion of the County. Miss R. Davies, Full Hospital Training, C.M.B., and special training in Mental Deficiency work.

VENEREAL DISEASES INQUIRY OFFICER.

Miss E. M. Walters, Special Training in V.D. Work and General Hospital Training. C.M.B.

ORTHOPAEDIC CLINIC MASSEUSE AND SISTER-IN-CHARGE.

Miss Gwenyth Dudley Evans, Registered and Certificated in Massage and Medical Electricity, C.S.M.M.G.

# MEDICAL OFFICERS IN CHARGE OF ANTE-NATAL CLINICS.

Mary Scott, M.B., Ch.B. (Part Time).

Mary H. M. Gordon, M.B., Ch.B., D.P.H. (Part time).

Annie Roberts, M.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Part time)

Evelyn D. Owen, M.B., M.R.C.S., L.R.C.P., D.P.H. (Part time).

# SCHOOL MEDICAL OFFICERS.

All the Assistant County Medical Officers, with the exception of Dr. Mary Scott, devote a part of their time to the work of School Medical Inspection.

# NURSING STAFF.

## *County Health Visitors :*

T. M. Allan (Part time), Full Hospital Training. Sanitary Inspectors' Certificate.

D. L. Beacham, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

O. Colman, Full Hospital Training, C.M.B. Certificate.

C. Davies, ditto ditto

R. Davies, ditto ditto

J. E. Fryer, Full Hospital Training, C.M.B. Certificate, and Health Visitors' Certificate.

G. I. Golding, Full Hospital Training, C.M.B. Certificate.

E. M. Harris, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

C. I. Hiley, Full Hospital Training and C.M.B. Certificate.

A. W. Hopkins, Full Hospital Training and C.M.B. Certificate.

L. D. Howell, Full Hospital Training, C.M.B. Certificate, and Health Visitors' Certificate.

M. B. James, Full Hospital Training and C.M.B. Certificate.

H. M. Jones, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

I. E. Jones, Full Hospital Training and C.M.B. Certificate.

K. M. Jones, ditto ditto

W. Jones, ditto ditto

C. M. Lloyd, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

E. Lord, Full Hospital Training and C.M.B. Certificate.

C. Morgan, Full Hospital Training, C.M.B., Certificate and Health Visitors' Certificate.

E. Morgan, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

- E. A. Morgan, Full Hospital Training and C.M.B. Certificate.  
 H. A. Morgan, ditto ditto  
 M. Parfitt, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.  
 M. A. Payne, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.  
 C. M. Phillips, Full Hospital Training, and C.M.B. Certificate.  
 M. Pulsford, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.  
 M. Redwood, Full Hospital Training, and C.M.B. Certificate.  
 M. Sainsbury, Full Hospital Training and C.M.B. Certificate.  
 D. E. Seale, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.  
 A. M. Spencer, ditto ditto  
 C. Thomas, ditto ditto  
 K. M. Walters, Full Hospital Training and C.M.B. Certificate.  
 M. Walters, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.  
 M. Ware, Full Hospital Training and C.M.B. Certificate.  
 P. G. Waters, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.  
 G. M. Watkins, ditto ditto  
 E. Webb, ditto ditto  
 K. Webb, Full Hospital Training and C.M.B. Certificate.  
 F. Williams, ditto ditto  
 E. G. Wilmot, ditto ditto

# COUNTY MIDWIVES.

INDUSTRIAL AREAS	OFFICIAL NO.	NAME	ADDRESS	TELEPHONE NO.
(a) RHYMNEY VALLEY :— Rhymney Bridge ... Tavarnaubach (Part) Rhymney ... Aberlysswg ... New Tredegar Cwmtyflog ... Aberbargoed ... Pengam ... Fleur-de-Lis ... Cefn Forest ... Maescywmmer	1	Mrs. L. Baker ...	2, Church Street, Rhymney.	Rhymney 5
	2	Mrs. M. Jenkins ...	68, Forge Street, Rhymney.	do. 60
	3	Mrs. J. M. Prytherch ...	2, Carnytyla, Aberlysswg.	
	4	Miss C. L. Davies ...	44, Jubilee Road, New Tredegar.	New Tredegar 56
	5	Mrs. F. A. Price ...	Alpine Villa, Bedwelty Road, Elliotstown, New Tredegar.	do. 117
	6	Miss M. M. Rees ...	Hillcroft, Aberbargoed.	Bargoed 213
	7	Mrs. E. E. Jenkins ...	7, School Street, Aberbargoed.	do. 213
	8	Miss M. A. Curtis ...	4, Gellihaf Road, Fleur-de-Lis.	Pengam 87
	9	Mrs. A. M. Steele ...	15b, Bryn Road, Pengam.	do. 86
	10	Mrs. A. L. Brown ...	67, Bedwelty Road, Cefn Forest, Blackwood.	
(b) SIRHOWY VALLEY :— Tredegar ... Trevil ... Troedriwgwair ... Tavarnaubach (Part) Bedwelty Pits ... Hollybush ... Markham Village Argoed ... Oakdale ... Blackwood ... Pontllanfraith ... Ynysddu ... Wyllie ... Cwmfelinfach	11	Mrs. M. G. Dudden ...	Victoria House, Bedwas.	Bedwas 39
	12	Mrs. C. Manning ...	10, Coronation Street, Trethomas.	Machen 27
	13	Mrs. M. Thomas ...	Peucac House, Commercial Road, Machen.	
	14	Mrs. E. M. Griffiths ...	23, West Hill, Tredegar.	Tredegar 71
	15	Mrs. C. S. Prosser ...	100, Charles Street, Tredegar.	do. 86
	16	Mrs. M. L. Stanley ...	9, Walter Street, Tredegar.	do. 199
	17	Miss E. J. Lewis ...	31, Alexandra Place, Sirhowy.	do. 211
	18	Mrs. S. Cord ...	1, Lawrence Avenue, Markham, Blackwood.	Blackwood 178
	19	Mrs. M. E. Pritchard ...	22, Penywelod Road, Markham, Blackwood.	
	20	Miss A. M. Mathews ...	40, Central Avenue, Oakdale, Blackwood.	Blackwood 136
(c) WESTERN VALLEYS :— Ebbw Vale U.D. ... (i) Beaufort ... (ii) Ebbw Vale ... (iii) Victoria Cwm ... Nantyglô and Blaina U.D. (i) Nantyglô ... (ii) Blaina... Abertillery ... Aberbeeg ... Llanhilleth ... Trinant	21	Mrs. S. James ...	2, Woodbine Villas, Morris Lane, Blackwood.	Pontllanfraith 42
	22	Mrs. G. M. Morris ...	6, Penllyn Terrace, Pontllanfraith.	Ynysddu 10
	23	Mrs. M. J. Williams ...	23, Old High Street, Ynysddu.	Ynysddu 12
	24	Mrs. M. Davies ...	67, Islwyn Street, Cwmfelinfach.	
	25	Mrs. G. E. Rawlings ...	Post Office, Beaufort.	Ebbw Vale 205
	26	Mrs. G. O. Lewis ...	2, The Walk, Ebbw Vale.	
	27	Mrs. K. Goodver ...	123, Pennant Street, Ebbw Vale	
	28	Miss G. E. Blower ...	7, Station Terrace, Cwm.	Cwm 59
	29	Mrs. A. Gardner ...	23, Duffryn Road, Waunlwyd, Ebbw Vale.	
	30	Miss C. Mathews ...	25, Limestone Road, Nantyglô.	Brynmawr 336
	31	Mrs. M. A. Eade ...	38, Lancaster Street, Blaina.	Blaina 74
	32	Mrs. B. Savio ...	2, Stone Houses, Blaina.	Blaina 73
	33	Mrs. M. G. Drew ...	29, Granville Street, Abertillery.	Abertillery 190
	34	Mrs. E. A. Phillips ...	71, Richmond Road, Six Bells, Abertillery.	do. 189
	35	Mrs. E. M. Price ...	23, Powell Street, Abertillery.	do. 188
	36	Miss J. M. Solloway ...	18, Woodland Terrace, Cwntillyery, Abertillery.	do. 191
	37	Mrs. J. M. Dyke ...	16, Hafodarthren Road, Llanhilleth.	Llanhilleth 27
	38	Mrs. W. R. Garrish ...	11, Brooklyn Terrace, Llanhilleth.	do. 17

# COUNTY MIDWIVES—continued.

INDUSTRIAL AREAS	OFFICIAL NO.	NAME	ADDRESS	TELEPHONE NO.
Crumlin ... ..	39	Mrs. C. Griffiths	19, Commercial Road, Crumlin.	Crumlin 38
Hafodyrnys, Kendon ... ..	40	Mrs. O. B. Small	7, Herbert's Terrace, Hafodyrnys, Crumlin.	do. 11
Newbridge ... ..	41	Mrs. A. Ettwell	44, Greenfield Terrace, Newbridge.	Newbridge 10
Treowen ... ..	42	Mrs. M. Maiden	5, Treowen Road, Newbridge.	do. 69
Pentynmawr				
Abercarn, Chapel-of-Ease, West End ... ..	43	Mrs. M. M. Williams	10, Persoudy Terrace, Llanfach, Abercarn.	Abercarn 28
Pontywaun, Cwmcarn ... ..	45	Mrs. A. Fowler	106, North Road, Pontywaun, Cross Keys.	Cross Keys 28
Cross Keys ... ..	46	One Vacancy	Brynhyfryd, New Cemetery Road, Risca.	Risca 7485
Risca ... ..	47	Miss E. M. Rees	53, Commercial Street, Risca.	Risca 7491
Pontymister		Miss M. G. Cockell	"Craig-y-Nos," Bassaleg.	
Rogerstone ... ..	48	Mrs. E. K. Harley		
Cefn ... ..				
Bassaleg ... ..				
(d) EASTERN VALLEYS :—				
Blaenavon ... ..	49	Mrs. E. O. Archer	4, New James Street, Blaenavon.	Blaenavon 279
Varteg ... ..	50	Mrs. E. A. O'Keefe	15, Charles Street, Blaenavon.	do. 278
Garndiffaith ... ..	51	Miss R. Smithy	Lasgarn House, Lasgarn Place, Abersychan.	Talywain 42
Abersychan ... ..	52	Mrs. F. Winstone	Hillcroft, New Road, Talywain.	do. 56
Pontnewynydd ... ..	53	(Vacant)		
Pantygasseg ... ..	54	Mrs. E. M. Hiley	Danycoed, St. John's Crescent, Pontypool.	Pontypool 333
Pontypool ... ..	55	Mrs. H. M. Jones	26, Fowler Street, Wainfelin, Pontypool.	do. 335
Wainfelin ... ..	56	Mrs. C. M. Cason	Clarence Villa, Osborne Road, Pontypool.	do. 336
Penygarn ... ..				
Pontymoile ... ..	57	Mrs. W. M. Bowen	Hazeldene, Fountain Road, Pontymoile.	do. 334
Cwmynyscoy ... ..				
Pontypool Road (New Inn)	58	Mrs. M. Phillips	13, Golf Road, Pontypool Road, Pontypool.	Griffithstown 40
Sebastopol ... ..	59	Mrs. M. Mayo	37, South Avenue, Griffithstown.	do. 22
Panteg ... ..				
Griffithstown ... ..	60	Miss C. E. Heastie	48, Victoria Street, Cwmbran.	Cwmbran 7763
Pontnewydd ... ..	61	Mrs. M. A. Perrett	10, Broadweir Road, Cwmbran..	do. 7764
Llantarnam ... ..	62	Mrs. Lily Lloyd	"Ba-Hor," Lowlands Terrace, Pontnewydd.	do. 7763
Cwmbran ... ..				
RURAL TOWNSHIPS :—				
Monmouth Urban ... ..	63	Mrs. L. E. Burnett	2, Monk Street, Monmouth.	Monmouth 221
Chepstow Urban ... ..	64	Miss M. A. Weston	The Manse, 4, Hardwick Avenue, Chepstow.	Chepstow 477
Caerleon Urban ... ..	69	Miss M. Goldsmith	16, High Street, Caerleon.	
	65	Miss A. L. Pritchard	2, King Edward Terrace, Rhymney.	Rhymney 59
	66	Miss L. M. Ashman	3, St. Mathews Road, Pontypool.	Pontypool 337
	67	Miss G. Hulbert	Buxton House, Newport Road Cwmcarn.	Abercarn 4
	68	Miss E. M. Cole	Tiutern House, Glasllwch Crescent, Newport.	Newport 5090

PERIPATETIC :—



# **MIDWIVES ON THE STAFF OF THE MONMOUTHSHIRE NURSING ASSOCIATION.** (Subsided by the County Council).

NAME OF DISTRICT ASSOCIATION	MIDWIFE	ADDRESS	TELEPHONE NUMBER
GOYTRE	Mrs. M. A. Price	Hillcrest, Penpelleny, Goytre, Nr. Pontypool.	Nantyberry 50
LLANFRECHFA	Miss M. E. John	Peverill, Llanfrechfa, near Caerleon.	Monmouth 19
LLANGATTOCK	Miss L. G. Norton	Nantygern, Near Monmouth.	Usk 84
USK	Miss B. Clarke	12, New Market Street, Usk.	Trelleck 19
LLANDOGO	Mrs. J. Skuse	The Cotlands, Trelleck, near Monmouth.	
LLANDEILO			
CROSSENNY	Mrs. M. E. Cross	Graig Fach Farm, near Abergavenny.	Cross Ash 8
RAGLAN	Miss I. Prosser	Hillcrest, Monmouth Road, Raglan.	Raglan 50
ITTON	Miss M. L. Rogers	1, The Row, Shirenewton, near Chepstow.	Shirenewton 21
LLANARTH	Mrs. C. Birch	The Bryn, Penpergwm, near Abergavenny.	Gibion 33
ST. MELLONS	Miss A. N. Gibb	The Cottage, Llandaff Square, St. Mellons.	
MARSHFIELD	Mrs. M. A. Cox	Brynteg, Marshfield Road, Castleton.	Castleton 69
TINTERN	Miss E. M. Preston	Devauden, near Chepstow.	Trelleck 44
CAERWENT	Miss E. Morgan	Westgate Farm, Caerwent.	
LANGSTONE	Miss Ethel Jones	Coldra Lodge, Christchurch, near Newport.	
MAGOR	Mrs. M. J. Porter	Channel View, Udy, near Magor.	Magor 19
CALDICOT	Miss G. E. Loader	19, Garden Village, Rogiet.	
PANDY			
PORTSKREWETT	Miss O. M. Owen	8, Sudbrook Terrace, Sudbrook, near Chepstow.	
ABERGAVENNY	Miss M. Edwards	Bladon, Holywell Road, Abergavenny.	Abergavenny 326
	Mrs. M. Williams	3, New Houses, Llanfoist, near Abergavenny.	Abergavenny 58
EBBW VALE	Miss E. M. Rimron	Nurses Home, Ebbw Vale.	Ebbw Vale 53
	(Temporary)		
TREDEGAR	Miss G. C. Morgan	Nurses' Home, Tredegar.	Tredegar 48

## LABORATORY FACILITIES.

The Laboratory facilities are utilised by the Monmouthshire County Council Public Health Department and School Medical Service; by the District Hospitals; Isolation Hospitals; Public Assistance Hospitals in Monmouthshire; and by the Medical Practitioners in the Administrative County of Monmouth. Certain work is also carried out for the Silicosis Board of Great Britain.

The facilities which the Laboratory provides comprise Bacteriology, General Pathology, Water examinations, Milk examinations, Autopsies and a Blood Transfusion Service.

The Laboratory Staff consists of the County Pathologist, together with five technical Assistants, one clerk, one animal-house attendant and one glassware cleaner.

The accompanying table shows the number of specimens examined at the Laboratory during the year 1937 and also in the year 1936.

The County Pathologist reports that :—

The total number of specimens examined at the County Laboratory during the year 1937 shows an increase of 4,921 as compared with the year 1936. This increase is mainly due to the examination of a greater number of swabs for Diphtheria than last year; but after allowing for this, it will be noted that the number of other specimens examined was increased by 510. The increased number of swabs examined is accounted for by the fact that nearly all the additional swabs were taken in areas where immunisation against diphtheria has not been carried out.

Under the Venereal Diseases Group, most of the specimens came from the Treatment Centre at the Royal Gwent Hospital, Newport. The number of exudates from sores yielding a positive result for the *Spironema Pallidum* is 13, as compared with 7 for 1936. Of these, 12 cases were males and one was a female. The figures for Gonorrhoeal smears and urines show a decrease in the number examined, but a slightly larger number of positive findings are recorded than in the year 1936. The number of Wassermann Tests for Syphilis and Complement Fixation Tests for Gonorrhoea also show a slight decrease compared with last year, in each case a smaller number of positive findings being obtained.

Although a smaller number of sputum specimens was examined during 1937 than during 1936, it is regrettable to note that a slightly larger number of specimens gave positive results with regard to the B. Tuberculosis.

Of the 105 tissues for section, 33 were grouped as malignant growths; 28 were cancers of various regions of the body such as breast, uterus, intestine,



Table showing nature of specimens submitted for examination and the results thereof:—

Nature of Specimen.		1937.			1936.		
		No. Pos.	No. Neg.	Total Exm'd	No. Pos.	No. Neg.	Total Exm'd.
Bacteriological Examinations.	Wassermann Test for Syphilis ...	901	1451	2352	1049	1447	2496
	Complement Fixation Test for Gonorrhoea	201	312	513	262	283	545
	Smears and Urines for Gonococcus ...	409	1980	2389	378	2187	2565
	Serum for Spirochaeta Pallidum ...	13	46	59	7	19	26
	Sputum—						
	For Tuberculosis Physicians for T.B.	421	1158	1579	411	1268	1679
	County Cases for T.B. (General Practitioners) ...	66	420	486	56	438	494
	Concentration Method for T.B. ...	—	—	1	—	—	—
	For Cultivation as well as T.B. ...	—	—	67	—	—	59
	Throat, Nasal and Ear Swabs for Diphtheria ...	1404	8941	10345	769	5165	5934
	Cerebro-Spinal Fluid ...	—	—	91	—	—	65
	Widal Reaction for Typhoid Fever, etc.	10	72	82	31	86	117
	Hairs for Ringworm ...	2	14	16	7	12	19
	Secretions from Eye ...	—	—	22	—	—	27
	Urine (complete examination) ...	—	—	286	—	—	247
	Pus ...	—	—	71	—	—	57
	Effusion ...	—	—	45	—	—	34
	Vaccine ...	—	—	54	—	—	62
	Blood Culture ...	—	—	28	—	—	38
	Miscellaneous ...	—	—	424	—	—	245
Pathological Examinations.	Urine ...	—	—	345	—	—	313
	Blood Count ...	—	—	319	—	—	379
	Autopsy ...	—	—	29	—	—	41
	Cerebro-Spinal Fluid ...	—	—	65	—	—	63
	Blood Grouping ...	—	—	22	—	—	56
	Tissue for Microscopical Examination ...	—	—	105	—	—	107
	Blood-Sugar Estimation ...	—	—	130	—	—	126
	Blood-Urea Estimation ...	—	—	29	—	—	34
	Urine-Sugar Estimation ...	—	—	204	—	—	243
	Urine-Urea Estimation ...	—	—	44	—	—	55
Water and Milk Supplies.	Test Meal ...	—	—	48	—	—	43
	Miscellaneous ...	—	—	108	—	—	51
	Water for Bacteriological Examination	—	—	68	—	—	39
	Water for Bacteriological and Chemical Examination ...	—	—	34	—	—	67
	Milk—						
	Retail Roadside and School samples	—	—	1129	—	—	855
	Graded Samples ...	—	—	420	—	—	290
	For Chemical Examination ...	—	—	184	—	—	48
	In connection with T.B. investigations at farms ...	—	—	320	—	—	441
	Miscellaneous Milk Samples ...	—	—	210	—	—	185
	Miscellaneous ...	—	—	—	—	—	—
	Animal Inoculations ...	—	—	1412	—	—	1069
Total		—	—	24135	—	—	19214

skin, etc., and 5 were sarcomas. There was also one Rodent Ulcer. 3 were tuberculosis.

**MILK EXAMINATIONS.**—A total of 2,263 milk samples were examined during 1937, compared with 1,819 in 1936, which shows a marked increase in the number examined.

The County Laboratory undertook the periodical examination of milk samples under the Milk (Special Designations) Order, 1936, which came into force on June 1st, 1936. Until that date, Grade "A" (Tuberculin Tested) and Certified milk producers were licensed by the Ministry of Health, while the bacteriological examinations of such milk samples were carried out at this Laboratory. After June 1st, 1936, the designations were altered, the new designations being Tuberculin Tested, Accredited and Pasteurised. This involved, in the case of Tuberculin Tested and Accredited samples, after January 1st, 1937, the substitution of the Methylene Blue test for the bacterial count during the examination; and the County Council also became entirely responsible for the licensing.

In addition to the designated samples examined for the County Council, examinations of designated milk samples were also carried out for other Authorities, for which payment was made to the County Council.

**ACCREDITED MILK.**—At the end of the year 1937 there were 86 licensed producers of Accredited Milk in the County, and 228 samples of Accredited milk had been examined during the twelve months. Of these 228 samples, 206, or approximately 90 per cent. conformed to the standard laid down. During the examination of these samples, the bacillus Tuberculosis was discovered on two occasions by means of the animal inoculation test. The subsequent investigations with regard to Tuberculous cows involved the visiting of four farms, and satisfactory measures were taken to deal with the offending animals. During 1936 the bacillus Tuberculosis was discovered four times biologically and and six farms were visited in consequence.

**SCHOOL MILK SAMPLES.**—The provision of milk to school children under the Milk Marketing Board Scheme and the County Malnutrition Scheme has engaged the special attention of the Public Health Department, and the milk supplied to each School in the Administrative County is examined three times a year at the County Laboratory with regard to general cleanliness, tuberculosis and fat content. Under this heading 140 milk samples were examined during 1937. 51 samples were Pasteurised milk, and 48 of these, or 94% conformed to the standard laid down for Pasteurised milk. 89 samples were untreated milk, and of these 55 (or 62%) were of satisfactory standard of bacteriological purity judging by Accredited milk standards; 25 (or 28%) were bacteriologically unsatisfactory, while 9 samples (or 10%) were fairly satisfactory, and formed a borderline group. During the examination of these 140 samples of milk, the

bacillus Tuberculosis was discovered biologically on three occasions, this involving the visiting and investigation of two farms during the year under review and another subsequently.

The fat content in each case was satisfactory.

PASTEURISED MILK SAMPLES.—Samples of Pasteurised milk are examined by a bacterial plate count; and in addition, a Phosphatase test is always carried out, the purpose of this test being to ascertain whether the process of Pasteurisation has been effectively carried out or whether raw milk has been added after the heating process. Tests by animal inoculation for the presence of living Tubercle bacilli were negative in every sample of Pasteurised milk.

ROUTINE ROADSIDE MILK SAMPLES.—The routine examinations of undesignated milk samples collected in the course of their delivery to the consumer were continued during 1937, the object of the investigations being not so much to determine the quality of the milk in regard to its chemical composition—a line of work which properly belongs to the County Analyst's Department, and which is dealt with under the Sale of Food and Drugs Acts—but to ascertain by bacteriological methods the degree of cleanliness and wholesomeness of the milk at the time of its being sold to the consumer.

The examinations undertaken in the case of each sample have been:—

1. The Methylene Blue Decolourisation test.
2. The estimation of the coliform bacillus content.
3. The microscopical examination of the centrifugalized deposit for the detection of starch granules, gross particles of dirt, pus, blood, etc.
4. The microscopical examination of the cream and centrifugalized deposit for Tubercle bacilli.
5. Cultural examination for Diphtheria, Typhoid, Paratyphoid and Dysentery bacilli.
6. Guinea-pig inoculation for the presence of Tubercle bacilli.
7. In addition, the common antiseptics were always tested for qualitatively, as naturally the presence of any of these bodies would have had an influence on the bacterioscopic picture. These were never found.

There are about 1,200 milk retailers in the County, distributed amongst the 23 Urban and Rural Areas. 989 routine "retail roadside samples" were collected and examined during the year, so that nearly every milk supply in the County is examined once in twelve months. During 1937 all the 23 areas were sampled, and opportunities were given for the re-examination of supplies which did not

reach a proper standard of cleanliness. From the results obtained, these 989 "routine roadside samples" can be classified as follows:—

1. Those which conform to the bacteriological standard laid down for Accredited Milk ..... 497
2. Those which are distinctly below the standard laid down for Accredited Milk ..... 393
3. Those which are on the borderline either as regards the time required for the decolourisation of methylene blue or containing coliform bacilli in .01 ml. .... 99

Therefore, of these 989 samples of mixed milk as retailed to the consumer, 497, or approximately 50 per cent., were of a satisfactory standard of bacteriological purity; 393, or approximately 40 per cent., were unsatisfactory, whilst 99, or approximately 10 per cent., formed a borderline group.

The percentage of milk samples showing a satisfactory standard of bacteriological purity is not so high as last year, but this may be accounted for by the alteration of the standard of judging. It is also noted that a larger number of samples than usual were collected during hot weather.

In no instance were the bacilli of Diphtheria, Typhoid, Paratyphoid or Dysentery isolated, whilst with respect to the bacillus Tuberculosis, this was discovered on 21 occasions by means of the animal inoculation test during the examination of the "retail roadside" samples. This figure for 1936 was 25. The farms implicated were visited by the County Sanitary Inspector, County Veterinary Surgeon and officials of the Local Authority, and the infected animals dealt with satisfactorily. The number of farms visited was 64, as compared with 72 in 1936. It is pleasing to note that although a larger number of "retail roadside" samples were examined during the year than the previous year, a decline in the number of tuberculous samples is recorded.

OTHER MILK SAMPLES.—During the year, a number of milk samples were examined on behalf of other Authorities and the bacillus Tuberculosis was discovered by means of the animal inoculation test on four occasions in undesignated samples, and on one occasion in a Tuberculin Tested sample. As most of these milk samples were produced in the County of Monmouth, investigations were carried out by this Authority. These investigations involved the visiting of twelve farms, and satisfactory measures were taken in each case to eliminate the offending animal. On three occasions, tuberculosis investigations were carried out at farms following notification by an outside Authority that the bacillus Tuberculosis had been discovered by them in milk samples sold in their area, and which had been produced in Monmouthshire. Here again, the



infected animals were satisfactorily dealt with, this entailing the visiting of three farms.

**WATER SAMPLES.**—The Laboratory carries out the bacteriological and chemical examination of drinking water, and the total number of samples examined is about the same as last year.

**MISCELLANEOUS WORK.**—The diagnosis of pregnancy by means of animal inoculation is carried out at the Laboratory for the County Maternity and Child Welfare Clinics, the Hospitals in the County and Medical Practitioners. Five of these tests were done during the year.

In 1937, the total number of Autopsies performed at the request of the Coroner was 29. Of these, 13 were carried out on miners suspected to have died directly as the result of Silicosis of the lungs, and who had been employed for long periods on hard ground boring. The post-mortem examinations were performed at the following places: 4 at Oakdale; 2 at Caerphilly; 2 at Griffithstown; and 1 each at Risca, Aberbargoed, Abertillery, Newport and Pontypool. The question of Silicosis continues to engage the earnest attention of the Government Mines Department, the Colliery Owners and the Miners' Organisations, who are doing their utmost to introduce safeguarding devices (such as respirators, dust traps, etc.), with a view to protecting the workmen, and so mitigating as far as possible the evil consequences of working on ground containing a high percentage of Silica.

Diabetes supervision is carried out by the Laboratory. Diabetic patients attend the Laboratory regularly for the requisite pathological examinations to ensure that their regime is being adequately controlled.

Tests for the diagnosis of Cancer by serological examinations are performed. It should be noted, however, that this particular test has not, up to now, been placed on a reliable basis.

Blood Transfusion Services are established in Newport and in other parts of the County of Monmouth. The County Laboratory carries out the examination of Donors for these Services, and makes arrangements for the supply of Donors where their services are required. During the year 1937 there were 17 persons on the Newport panel, and Donors were supplied on several occasions. Reports have been received from the Hospitals concerned that the transfusions have been invaluable to the cases concerned.

**ANIMAL INOCULATION.**—1,412 experiments were carried out on animals under 39 and 40 Vic. Cap. 77, Certificate A1, licences for which have been granted by the Home Secretary. Most of the experiments were for the detection of B. Tuberculosis, but 156 were for Virulence Tests for Diphtheria. This com-

compares with 84 for 1936. Some experiments were carried out for diagnosis of pregnancy. Particulars of the animal experiments were reported to the Home Secretary on 31st December, 1937. There is now accommodation for 400 laboratory animals in the animal house.

**GENERAL.**—During the year under review the income of the County Laboratory for the examination of specimens for the Administrative County of Monmouth and the Monmouthshire Education Committee, the County Borough of Newport, other Local Authorities, and the Welsh National Memorial Association, and fees paid to the County Pathologist amounted to approximately £1,600.

The work at the Laboratory is increasing both in amount and in variety. The Council are taking steps to provide adequate facilities for the work and the Local Authorities, together with the medical practitioners, are making increasing use of the facilities available.

### **NURSING IN THE HOME.**

District nursing is provided under the scheme of the Monmouthshire Nursing Association, of which Lady Mather Jackson is the Honorary Secretary. At the present time there are 46 constituent Associations affiliated to the Monmouthshire Nursing Association, and 70 nurses employed by them. General and tuberculosis nursing is undertaken. The County Council makes a grant of £260 a year to the Association for this work. Midwifery nursing in the rural areas is undertaken by the Association on behalf of the County Council, a further grant being made by the County Council for the purpose.

The home nursing of infectious diseases is not carried out in any district of the County as a general practice, but has been resorted to in exceptional circumstances.

### **AMBULANCE FACILITIES.**

#### **(a) For infectious cases :—**

The County Council has an Ambulance which was used chiefly during the year for the purpose of removing Public Assistance cases to Hospitals and Institutions and women to Maternity Hospitals; also for the removal of special cases of infectious disease. Ambulances are in use at the Isolation Hospitals of the Bedwellty, Tredegar and Monmouth Urban District Councils.

The Newport Borough Ambulance is available upon terms for the County cases which are admitted to the Borough Isolation Hospital.

(b) For non-infectious and accident cases :—

All the collieries within the County maintain ambulances which are used for colliery accident cases and under certain arrangements for the transport to hospital of dependants of the workers.

Motor Ambulances are also available at the District General Hospitals, while at Monmouth there is a town ambulance available through the generosity of the local division of the British Red Cross Society.

There is a motor ambulance, the property of the Bedwas and Machen Urban District Council, which is kept for general use in that district.

For Non-Infectious, Accident and Maternity Cases the Bedwellty Urban District Council has provided a fully equipped "Bedford" Motor Ambulance for the purpose of dealing with accidents, or other urgent disability cases. The Ambulance is available at any time—day or night.

The Cwmbran Urban District Council now owns a new fully equipped 18 h.p. "Austin" motor ambulance which is available for the general use of the district.

The motor ambulance of the Joint Committee of the Order of St. John and the British Red Cross Society, which is kept at Crosskeys, is available for use anywhere in the County for non-infectious and accident cases.

A scheme is now under consideration for the provision of ambulance facilities for accident cases occurring within the County.

### **CLINICS AND TREATMENT CENTRES.**

The County Council has established 43 Maternity and Child Welfare Centres in the County and 16 Ante-Natal Clinics. Full details are given in the County Maternity and Child Welfare Report.

The County Education Committee has provided 10 School Clinics, details of which are set out in the School Medical Inspection Report.

There are no day nurseries in the County.

The Tuberculosis Visiting Stations are detailed later in this Report.

There is one Treatment Centre for Venereal Diseases—at the Royal Gwent Hospital, Newport, details of which will be found later in this Report.

The County Council has established seven Clinics for the treatment of Orthopædic cases, at Newport, Pengam, Crumlin, Tredegar, Pontypool, Monmouth, Chepstow. The Central Orthopædic Clinic is at Newport, at which massage, electrical treatment, and remedial exercises are given.

A scheme is now under consideration for the establishment of a major central clinic near Newport, and for six clinics at the following centres: Blackwood, Crumlin, Tredegar, Pontypool, Rhymney and Aberbargoed. Preliminary plans and details have been prepared by the County Architect and submitted to the Commissioner for Special Areas and the Welsh Board of Health. It is estimated that the total cost will be in the region of £50,000.



# INSTITUTIONS MAINTAINED BY THE COUNTY COUNCIL UNDER THE POOR LAW ACT, 1930.

	Hill House, Monmouth.				Coedygic Institution Griffithstown				Hatherleigh Place, Abergavenny.				Regent House, Chepstow.				Cambria House, Caerleon.				Ty Bryn, Institution, Tredegar.								
	Beds. Available.		Beds. Occupied.		Beds. Available.		Beds. Occupied.		Beds. Available.		Beds. Occupied.		Beds. Available.		Beds. Occupied.		Beds. Available.		Beds. Occupied.		Beds. Available.		Beds. Occupied.						
	M.	F.	Ch.	M. F. Ch.	M.	F.	Ch.	M. F. Ch.	M.	F.	Ch.	M. F. Ch.	M.	F.	Ch.	M. F. Ch.	M.	F.	Ch.	M. F. Ch.	M.	F.	Ch.	M. F. Ch.					
1 Medical	...	...	...	...	}	28	28	...	27	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...					
2 Surgical	...	...	...	...		...	...	...	...	...	...	...	54	24	...	46	21	...	...	...	...	...	75	48	5	61	36	3	
3 Chronic Sick	...	...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
4 Children	...	...	...	...	...	...	6	...	...	3	...	...	...	7	...	4	...	...	...	...	...	...	...	9	...	...	4		
5 Venereal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
6 Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
7 Isolation	...	...	...	...	...	...	...	...	...	...	...	3	4	...	1	...	...	...	...	...	...	...	...	10	16	...	5	...	
8 Maternity	...	...	...	...	...	4	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	6	...	...	2	...	
9 Mental	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(a) Lunacy Act 1890	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(i) Short Stay	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(ii) Long Stay	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(b) Mental Treatment Act, 1930	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(i) Voluntary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
(ii) Temporary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
10 Mental Defectives	...	...	...	...	...	59	...	46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
11 Other	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	160	...	...	...	...	...	...	50	...	...	29	...	
Total	...	...	...	...	...	28	91	6	27	72	4	...	...	57	30	7	47	21	4	...	...	...	...	135	70	14	95	38	7

## **HOSPITALS.**

Full details of the Hospital Services, Public and Voluntary, have already been given in the Survey Report for 1930. No change of any note has taken place since that year, but minor alterations and increased accommodation has been effected in certain of the Hospitals. In some of the other hospitals additions and alterations have been carried out and grants towards the cost have been paid by the District Commissioner for Special Areas. The money has been utilised in providing additional operating theatre equipment, ward accommodation and staff accommodation as well as improvements in the administrative and domestic sections of the hospitals. Details of the Lydia Beynon Maternity Home (The Coldra) will be found under the heading "Maternity and Nursing Homes".

## **FULL TIME MEDICAL OFFICERS OF HEALTH OF COUNTY DISTRICTS.**

A draft scheme has been prepared under Section 111 of the Local Government Act, 1933, for dividing the County into areas, both urban and rural, with a view to making the necessary arrangements for securing that Medical Officers of Health shall not engage in private practice. The scheme, when finally complete, must receive the approval of the Minister of Health. Details of the scheme when this approval have been received will be given in the report for 1938.

**LOCAL GOVERNMENT ACT, 1929.**—Detailed information regarding the transferred Poor Law Institutions arising from the Survey of the Institutions within the Administrative County of Monmouth, and dealing more especially with the Institutional accommodation available for the sick inhabitants of the area was included in the Annual Report for the year 1930. The administration of this service is supervised by the County Medical Officer of Health.

Several of the suggestions and recommendations contained under this heading in the 1930 Report have now been put into operation.

In the case of the Abergavenny, Caerleon and Monmouth Poor Law Institutions, these premises, with the exception of the Casual Wards have now been closed.

## **POOR LAW MEDICAL OUT RELIEF.**

A table showing the medical out-relief districts in the Administrative County was included in the Report for the year 1930. A decision has not yet been made in regard to the proposed re-organisation of out-relief districts.

The association of the Public Health Department with public assistance work continues to grow and much time is devoted to the provision of facilities for special medical out-relief.

Mr. D. N. Rocyn Jones, M.A., M.D., F.R.C.S., was appointed Consultant Orthopaedic Surgeon for fracture and orthopaedic work coming under the purview of the Public Assistance Committee. Since his appointment he has held clinics alternately at Newport, Ty Bryn Hospital, Tredegar, Pontypool, Monmouth, Pengam, Crumlin and Chepstow. 24 new cases were examined by him and the old cases were periodically re-examined. The total number of examinations made was 178. 5 cases were admitted to hospital during the year, and 12 were treated at the Orthopaedic Clinic, Newport. Special visits have also been paid to the homes of patients who have been unable to attend the recognised clinic centres, and to the hospitals of Public Assistance Institutions when cases have needed urgent attention. When necessary patients have been removed to hospitals offering special facilities for examination and treatment under the Consultant Orthopaedic Surgeon.

Dental and defective vision cases are properly dealt with and examinations of patients for trusses, abdominal belts, etc., etc., are made by the County Medical Officer.

The County Ambulance is available for the transfer of medical and surgical cases to hospital, etc.

• Consultations with Consultant Eye, Ear and Skin Specialists are arranged when necessary, also X-ray examinations of special cases.

The new cases dealt with through the Health Department in the year 1937, were as follows :—

The other figures are given for the purpose of comparison.

Nature of Case.	No. of cases dealt with.						
	1937	1936	1935	1934	1933	1932	1931
Dental .....	515	484	341	217	92	63	32
Vision .....	435	392	329	263	171	122	70
Trusses, Abdominal							
Belts .....	49	86	49	57	53	33	18
Orthopædic .....	30	54	53	38	25	24	22
Miscellaneous Medical	55	60	52	47	34	29	12
Tuberculosis Cases...	15	9	1	Nil	Nil	3	Nil
Examinations by County Medical Officer as to fitness for appointment as Nurses, etc., at Pub- lic Assistance Institu- tions .....	36	17	32	31	17	5	—
Number of cases re- moved to Hospital and Institutions by the M.C.C. Ambulance	70	41	47	36	70	28	18

### INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The incidence of mental deficiency in the County is as follows:—

	Under 7 years.			7—16 years.			16—30 years.			Over 30 years.			Grand Totals.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiots ... ..	3	3	6	7	5	12	7	7	14	—	3	3	17	18	35
Imbeciles ... ..	8	11	19	36	18	54	29	45	74	1	35	52	96	109	199
Low Grade Feeble- minded ... ..	...	...	...	5	3	8	32	42	74	15	44	59	52	89	141
Medium Grade Feeble- minded ... ..	...	...	...	...	...	...	40	42	82	19	29	48	59	71	130
High Grade Feeble- minded ... ..	...	...	...	...	...	...	54	48	102	33	18	51	87	66	153
Moral Defectives ... ..	...	...	...	...	...	...	8	3	11	—	1	1	8	4	12
Epileptics and Mentally Defectives ... ..	...	...	...	...	...	...	6	10	16	5	9	14	11	19	30
Epileptic only ... ..	...	...	...	...	...	...	1	1	2	1	3	4	2	4	6
Totals ... ..	11	14	25	48	26	74	177	198	375	90	142	232	226	380	706

N.B.—This table does not include the defectives who are at Certified Institutions, but it includes 34 males and 27 females who are detained at the County Mental Hospital, and 6 males and 8 females who are inmates of the County Public Assistance Institutions.

There are 31 males and 27 females over 16 years of age, referred by School Medical Inspectors, awaiting examination for classification.

Included in the above statement of defectives are 11 males and 3 females which have been under institutional care and have been discharged with their condition improved.

There are four defectives under guardianship, all males, one in Kent, two in Hertfordshire, and one at home with his parents. There are also five male defectives on licence with farmers in Monmouthshire. Two other male defectives, who were placed on farms under licence, had to be sent back to Brentry Colony. A male defective, who was on licence from Brentry Colony with his parents, appeared before the magistrates for a further offence and was ordered to be returned to the Institution.

The Order in regard to one female defective, upon a special medical report and examination by Visitors, was allowed to lapse. The girl immediately thereafter got into the hands of the Police and was sent to a Remand Home for three months. She absconded, was recaptured and eventually sentenced to four days detention, with the hope that she would then return to the Remand Home.

There were five deaths at Certified Institutions.

At the present time there are no children at schools for mental defectives. Accommodation for these cases is very difficult to obtain.

During the year 10 boys and 12 girls were transferred from the school side to the Mental Deficiency Committee.

There is still difficulty in finding accommodation suitable for mental defectives.

The admissions to institutions during the year were as follows:—

	Males.	Females.
Etloe House, Leyton. Essex ... ..	—	1
Brentry Colony, Bristol ... ..	1	—
Caersws Colony, Montgomeryshire ...	1	1
Hortham Colony, Bristol ... ..	1	1
Stoke Park Colony, Bristol ... ..	1	4
	<hr/>	<hr/>
	4	7
	<hr/>	<hr/>



The request of the Board of Control that the number of defectives at Coedygric Certified Institution should be reduced to that for which the Institution was approved, was carried out by the end of the year.

Much difficulty was experienced in securing Institutions which would accept the class of defectives maintained at Coedygric, but they were eventually transferred as follows :—

Stoke Park Colony, Bristol .....	2
Hermitage Training Home, Uckfield .....	1
Hortham Colony, Bristol (one Borough of Newport case)	2
St. Mary's Home, Painswick, Glos. ....	1

No progress can be reported in the direction of the provision of a Colony for Mental Defectives in the County, except that the Mental Deficiency Acts Committee have again resolved that the Council be asked to authorise the Committee to inspect sites and to prepare detailed estimates of the cost of establishing a Colony within the County, in which it might be of advantage to the County to provide limited accommodation under contract with the Newport Town Council or other neighbouring local authorities.

It is really essential and urgent that this provision be proceeded with at an early date in order that the Council's functions under the Acts can be carried out with the efficiency to be expected of a County like Monmouth.

The following table shows the institutional accommodation available and in use at the end of the year for defectives from the Administrative County:—

Name of Institution.	Type of Defective.	No. of beds available.		No. of beds occupied on 31/12/36		Total.	Pre- sent charge per head per week
		M.	F.	M.	F.		
Brentry, Bristol	All classes (males over 18).	46	...	51	...	51	25/8
Coedygric, Griffithstown	All classes (females over 16 years).	...	55	...	54	54	22/6
Etloe House, Leyton	F.M. Roman Catholic Girls (over 16 years).	as vacancies arise		...	2	2	17/-
House of Help, Bath.	Fallen F.M. Girls (Moral Defectives up to 26 years of age).	ditto		...	2	2	15/-
Stoke Park Colony.	All classes, under 16 years of age. Females all ages.	ditto		14	31	45	22/9d. Low Grade 19/3d. High Grade.
Caersws Certified Institution, Montgomeryshire.	All classes, under 14 years.	ditto		2	4	6	23/4d.
Besford Court, R.C.	Males 16-18 years.	ditto		2	...	2	34/7d.
Barvin Park Institution	Males	ditto		2	...	2	23/-
Durran Hill R.C. Training School	All Classes	ditto		...	1	1	20/-
Hortham Colony, Almondsbury	Special Cases	ditto		3	7	10	36/-
St. Joseph's Home Sudbury, Suffolk.	ditto	ditto		...	1	1	21/-
The Hermitage, Training Home, Uckfield.	ditto	ditto		...	1	1	20/-
St. Mary's Home, Painswick.	ditto	ditto		...	1	1	21/-
Total .. ..				74	104	178	

There are also the following County cases in State Institutions: Moss Side, 5 males and 3 females; Rampton, 4 females.

The amount paid for Institutional treatment during the year 1937 was £11,099.

## **MIDWIVES.**

The number of Midwives upon the County Roll at the 31st December, 1937, was 180.

## **MIDWIVES ACT, 1936.**

The Midwives Act, 1936, came into operation in Monmouthshire on the 1st October, 1937. The County Council, as the Local Supervising Authority had already prepared a scheme for the general reorganisation of the midwifery services and for the appointment of full-time salaried midwives. This scheme subsequently received the approval of the Minister of Health. The Monmouthshire Nursing Association administers the scheme in the rural districts and rural townships, for which it is subsidised by the County Council. 68 Midwives (including 4 midwives who have been appointed for peripatetic duties) are employed by the County Council, and 21 nurse-midwives of the Monmouthshire Nursing Association are subsidised by the County Council. Fuller details will be found in the Maternity and Child Welfare Report for 1937.

## **MATERNAL MORTALITY.**

Full particulars respecting Maternal Mortality will be found in the County Maternity and Child Welfare Report for 1937.

## **HEALTH VISITING.**

This matter is dealt with fully in the County Maternity and Child Welfare Annual Report for 1937

## **CHILD LIFE PROTECTION.**

Particulars regarding this work will also be found in the County Maternity and Child Welfare Report for 1937.

## **ORTHOPAEDIC TREATMENT.**

Full details of the scheme in operation for the treatment of school children will be found in the County Education Annual Report for the year 1937. The treatment of children under the age of 5 years is dealt with in the County Maternity and Child Welfare Annual Report for the year 1937.

The orthopaedic treatment facilities are extended to adult cases, and arrangements are made for the attendance of Mr. A. Rocyn Jones, F.R.C.S., at the Central Orthopaedic Clinic, Newport, one day per month, where cases are examined by him. Visits to special cases are made when requested.

The services of Mr. D. N. Rocyn Jones, M.A., M.D., F.R.C.S., are available for Public Assistance Cases.

The cost of hospital treatment is recovered from patients according to a scale which has been made by the County Council.

## **HOSTEL FOR UNMARRIED MOTHERS.**

The Maternity Home and Hostel at Nantyderry continues its good work. There are 8 beds at the Institution, and the number of girls admitted during the year was 13, the average duration of stay being 145 days. Fifteen babies were born. The total number of inmates during the year (including those who were admitted in the previous year) was 24 and 15 babies.

16 girls were discharged, of whom 9 went to relatives and 7 to Homes. Of the babies discharged, 4 went to relations, 3 to Homes, and 7 were adopted.

Of the girls resident in the Hostel during the year, 4 were from the Borough of Newport, 17 from the County of Monmouth, 1 from Glamorgan, 1 from Pembroke, and 1 from Hereford.

The object of the Hostel is to make provision during pregnancy and confinement for unmarried women who have borne good characters, but were expecting a first baby, thus giving them the chance of privacy which they could not secure in a public institution and enabling them to preserve their self respect.

Generally, the girls are admitted one month before their confinement and remain for three months after the birth of the child. As far as possible the mother and child are not separated for at least the first three months of the infant's life.

During their stay at the Hostel the mothers are trained to undertake some useful work when they leave and arrangements are made when necessary for the boarding out of the baby.

The work at Nantyderry is carried out economically and on practical lines and the results justify the vast amount of time given to it by the Committee and the Honorary Secretary, Lady Mather Jackson.

## **MATERNITY AND NURSING HOMES.**

The Nursing Homes Registration Act, 1927, is re-enacted, with minor alterations, in the Public Health Act, 1936, which came into operation the 1st October, 1937. The Act provides for the Registration and the inspection of Nursing Homes, and the making of Bye-Laws. The County Council is the supervising Authority under the Act. The following schedule is submitted in accordance with the Circular received from the Ministry of Health:—

No. of Homes registered ... ..	4
No. of orders made refusing or cancelling registration	Nil
No. of appeals against such Orders ... ..	Nil
No. of cases in which such Orders have been :—	
(a) Confirmed on appeal, and ... ..	Nil
(b) Disallowed ... ..	Nil
No. of applications for exemption from registration ...	9
No. of cases in which exemption has been—	
(a) Granted ... ..	9
(b) Withdrawn ... ..	Nil
(c) Refused ... ..	Nil

The Homes Registered are situated as follows :—One at Tredegar (Maternity and Nursing), one at Nantyerry (Maternity), one at Highfield, Bassaleg (Nursing), and one at Hereford Road, Abergavenny (Maternity).

Bye-Laws have been made by the County Council in respect of Nursing Homes, and these were allowed by the Minister of Health in November, 1928. The Bye-Laws deal with the keeping of Registers under the Act, the notification of infectious diseases and the notification of births and deaths at the Institutions.

The Act provides for exemption of certain Hospitals and Institutions, but the exemption shall only remain in force for one year from the date on which it is granted. Exemptions were granted during the year 1937 in respect of the following Hospitals :—

Monmouth Hospital, Monmouth; Tredegar Park Cottage Hospital; Ebbw Vale and District Voluntary Hospital; Pontypool and District Hospital; Cefn Ila Convalescent Home, Usk; Ebbw Vale Hospital; Aber-tillery and District Hospital, Aberbeeg; Blaina and District Hospital, Nantyglo; and Chepstow and District Hospital.

Powers of inspection are granted to the County Medical Officer, and are carried out by Dr. Mary Scott, who has been appointed Inspectress of these Maternity and Nursing Homes.

There were no applications made to the County Council for the delegation of their powers to a District Council under Section 9 (2) of the Act of 1927.

### **LYDIA BEYNON MATERNITY HOSPITAL.**

The Coldra, together with  $7\frac{1}{2}$  acres of land, was gifted to the Monmouthshire County Council by Sir John Beynon, Bart., C.B.E., on the 30th November, 1924, for the purpose of a Maternity Hospital in memory of his mother. The adaption of the Coldra as a Maternity Hospital under the County



has for years been discussed but on each occasion it has been held up through the financial distress of the County. Very sympathetic consideration of the County Council's scheme was given by Captain Geoffrey Crawshay, the District Commissioner, and the County Council were very pleased to receive in May, 1935, a letter informing them that Captain Geoffrey Crawshay was prepared to make a grant of 75 per cent. of the financial approved costs entailed.

The work of equipping the Coldra is well in hand and it is expected that the Hospital will be opened during the latter months of 1938, as an up-to-date Maternity Hospital.

## **SANITARY CIRCUMSTANCES OF THE AREA**

### **WATER SUPPLY.**

From the accompanying table it will be seen that the rainfall for the year 1937 was the lowest for several years. Precautionary restrictive measures were adopted in some areas so as to conserve the water supply.

Dealing with the Rhymney Valley Water Board, the rainfall for the year, as recorded at Rhymney Bridge Reservoir was 52.32 inches compared with 66.14 inches and 68.81 inches in 1937 and 1936 respectively. The average rainfall for the last ten years is 65.25 inches. The rainfall for the year was unevenly distributed, 20.52 inches having fallen in January and February leaving only 31.8 inches for the remaining ten months. As a result of this low rainfall practically the whole of the Board's area was dependent upon water purchased from the Taf Fechan Water Supply Board, of which Board the Rhymney Valley Water Board is a Constituent Authority from July to October inclusive. The minimum quantity of water to be taken or paid for is  $1\frac{3}{4}$ -million gallons a day whilst the maximum is  $3\frac{1}{2}$ -million gallons a day. The quantity of water taken in excess of the minimum was 134,422,000 gallons, which, due to the low rainfall referred to above, is the highest quantity yet taken. The total quantity of water taken from the Taf Fechan Supply Board during the year was 744,970,000 gallons. The daily quantity taken at one period attained a maximum of 3,200,000 gallons. Rhymney Bridge No. 1 Reservoir, which was repaired in 1934, supplemented the local supplies to the extent of  $1\frac{3}{4}$ -million gallons. The supplies were fully maintained during the year but there were complaints of intermittency in the higher levels of Bedwas and Trethomas. A scheme which was submitted to the District Commissioner for Special Areas for the laying of a 6in. diameter main from Ystrad Mynach to Bedwas to improve the supply at Bedwas and Caerphilly has been approved and will shortly be proceeded with. The 6in. main from Senghenydd to Caerphilly and the 6in. main from Gellygaer to Ystrad Mynach were scraped and resulted in materially improved supplies. The Taf Fechan Supply Board promoted a Bill which was passed and which provided for a reduction in the daily minimum quantity of

# RAINFALL.

Appended is a table giving the rainfalls in inches in various localities in the County during the year under review, and also for a series of past years.

Name of place at which records were taken.	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Abergavenny ...	31'04	47.87	23.79	33.19	40.37	49.17	41.50	35.22	43.48	43.09	46.47	46.07	—	39 10	28.24	37 01	41.91	43 37	37.53
Abersychan, (Glausychan House) ...	51'84	69.10	38.98	56.47	63.37	70.40	60.54	53.93	67.86	64.44	62.83	66.69	58.51	61.32	42.97	55.53	59.83	—	—
Abertillery ...	49'1	71.24	40.99	52.47	55.75	71.19	60.79	54.67	63.82	62.87	62.96	67.37	62.75	63.70	8.88	56.94	62.17	76.0	55.38
Chepstow, The Cedars Cwmearn (Twyncarn House) ...	37.54	42.12	23.55	37.85	35.85	49.28	38.00	35.31	44.00	44.55	40.42	Not taken	Not taken	Not taken	Not taken	Not taken	—	—	—
47.4	64.15	33.91	49.16	51.83	67.58	52.39	45.30	54.56	56.99	58.92	62.13	53.93	54.56	53.93	30.63	51.03	57.59	58.37	50.6
Ebbw Vale	48'84	75.21	43.11	54.51	53.17	68.36	56.49	52.71	65.85	72.55	76.30	72.85	65.92	73.67	51.83	65.75	73.55	77.57	62.43
Henllys, Pantyreos Reservoir ...	50'02	63.93	37.57	55.64	58.26	74.91	55.56	51.20	63.07	69.42	65.10	64.46	58.26	59.19	40.22	53.10	62.61	57.28	50.13
Little Mill, nr. Pontypool ...	44.9	46.26	25.94	27.42	50.21	50.24	50.25	36.0	43.46	43.007	43.48	50.24	—	—	—	—	—	—	—
Yaysyfo nr. Newport, ...	—	—	—	—	—	—	—	—	—	46.67	40.90	42.59	38.42	40.32	28.70	34.74	44.03	41.17	38.92
Nantypdyd nr. Newport Pontypool, Snatchwood Park ...	51'84	69.10	37.57	57.83	63.42	72.62	60.21	56.53	69.08	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	Not taken	taken	—	—
Tredegar, Redesdale House ...	40'8	51.70	27.49	45.82	60.73	65.67	57.02	52.45	62.86	59.08	54.83	63.21	56.79	49.39	42.59	57.36	60.52	64.20	52.56
Wentwood, Newchurch Gathering Ground	43.26	49.85	29.33	47.22	45.04	62.26	47.34	44.29	53.83	54.04	50.03	49.41	43.88	46.09	32.26	40.39	50.42	49.26	41.11
Wentwood Reservoir	41.14	46.13	25.71	42.52	41.88	57.16	41.47	39.32	46.24	46.41	44.41	42.50	40.25	42.44	27.94	35.34	47.65	45.42	37.38

water to be taken or paid for by the Constituent Authorities of the Board. The quantity of water to be taken by the Rhymney Valley Water Board was reduced from  $1\frac{3}{4}$ -million gallons to 1,550,000 gallons a day. The Act also provides for the payment of a fixed contribution by the Constituent Authorities calculated by reference to the product of rates of certain amounts in the £, that for the Rhymney Valley Board being  $4\frac{1}{2}$ d. The fixed contribution is to be deducted from the amount which would otherwise be payable for water in excess of the minimum. Based on the present rateable value of the Board's Area the effect of this provision entitles the Rhymney Valley Board to approximately 107 million gallons of water a year without additional payment.

Samples of water from all sources are sent for analysis to the Cardiff and County Public Health Laboratory. Every assistance is readily afforded by Mr. John H. Sugden, M.Sc., F.I.C., Chemist and Bacteriologist and his staff.

With regard to the Abertillery and District Water Board, the total rainfall for the year 1937 recorded at the Grwyne Fawr Reservoir was 57.77 inches, as compared with 61.09 inches in 1936, and 59.30 inches in 1935. During 1937 the highest daily rainfall was recorded on July 15th, 2.04 inches being registered. The highest monthly rainfall recorded was 9.93 inches for the month of January, and the lowest was 1.67 inches for the month of June. Rain fell on 185 days during the year at the Grwyne Fawr. The average rainfall since records were commenced at the Grwyne Fawr, 26 years ago, is 61.82 inches. The lowest level of water recorded in the reservoir during 1937 was 76ft. 7in. on October 24th, giving a quantity in store of 41,440,000 gallons. The Grwyne Fawr Reservoir has well maintained the supply to the District during the past year. All ironwork in the Valve Tower, Meter House, and Screening Chamber has been cleaned and painted. The local springs failed to maintain their supplies to the districts concerned during the months of May, August, September and October and had to be assisted with high pressure supply from the Grwyne Fawr Reservoir. All supply tanks with the exception of New Bethel, Pencoedcae and Ocherwyth have been cleaned out during the past year. The Abercarn Service Reservoir and the Cwmtillery Service Reservoir have been cleaned out during the past year and quicks have been planted around the reservoir. Nantydraenog Reservoir has been cleaned out and will be put into operation again when improvements to filters have been completed and chlorination plant fixed. At present Grwyne Fawr water is by-passed around this reservoir. Grant schemes to the value of about £9,000 have been executed during the past year, these including the collection of springs at Cwmcarn, and the installation of lime treatment and chlorinating plants and the construction of a storage reservoir and a service reservoir at Giles' Farm, Risca. The Board's supplies are analysed regularly by the Public Analyst for Monmouthshire.

The following is a brief resumé of the remaining water supplies to the County of Monmouth.

*Abergavenny.* The district is served by the Corporation Waterworks. The water is obtained from springs and conveyed by cast iron main to a Service Reservoir of approximately 7,500,000 gallons capacity and which allows for a daily yield of about 260,000 gallons.

*Blaenavon.* The Blaenavon Council are themselves the water authority for this area. The supplies of water are obtained from local springs and have an average daily quantity of 380,000 gallons. There are three reservoirs for storage.

*Chepstow.* The whole of the district is served by the Chepstow Water Board. The supply is obtained from springs and borings. Several small reservoirs for storage are also in use.

*Ebbw Vale.* The water supply of the Ebbw Vale district is taken from two Reservoirs situated on the Llangynidr Mountain, and conveyed to the town by cast iron gravitating mains. The water is of a soft character, and is therefore liable to plumbo solvent action in contact with lead, but the use of lead pipes to carry the water supply has been almost entirely superseded by galvanised iron, which obviates the risk of contamination from this cause. The condition of the water is satisfactory, and the supply is copious and constant.

*Monmouth.* The Monmouth Gas and Water Co. supplies water to the town of Monmouth. The water is obtained from the River Wye and from two springs. The quantity of water available daily is approximately 200,000 gallons.

*Pontypool.* The Pontypool Urban Area is supplied by the Pontypool Gas and Water Co. The sources of supply are wells, boreholes, springs and brooks.

*Tredegar.* With regard to the supply of water to the Tredegar Urban Area, this is obtained from the Shon Sheffrey spring, which has always proved satisfactory, both as regards quality and quantity.

*Usk.* Usk is supplied partly by the Usk Water Co., the supply of which is obtained from springs. There are also numerous private wells from which supplies are obtained.

*Rural Areas.* The water supplies to the rural areas vary considerably, due to the scattered nature of the population.

When portions of the rural areas are in close proximity to the more populous areas water is obtained from the urban supplies.

Portions of the Magor and St. Mellons area receive water from the Newport Corporation supplies.



Numerous other smaller schemes have been inaugurated to deal with the other more thickly populated parishes. Chepstow Rural District Council obtains supplies from several sources. Water from Severn Tunnel is delivered to Caldicot and the surrounding district. Several other schemes have been inaugurated for the supply of water.

Generally speaking it is correct to state that the rural authorities depend in the main for the water upon wells, springs, boreholes and numerous minor storage and distributing arrangements.

If the Monmouthshire County Council Bill of 1908 had become law, the distribution of water would have been dealt with on a county basis to the benefit of the whole of the urban and rural areas.

The Medical Officer of Health for the Abergavenny Rural District reports that the major improvement in public water supply made during 1937, was that to *Mardy*. The Tyn-y-Wern Scheme for supplying this district was completed in March, 1937; and in December, 1937, forty-one houses had been connected to the Council's main.

At *Govilon*, a mile of 2 inch main was laid along the main road in order to give an adequate supply to all the houses along this route; those previously connected to smaller main being transferred.

At *Bryn-y-Gwenin*, the well in Spring Cottage Farm field was reconstructed; and the water conveyed to a storage tank on the side of the main road; the supply for the inhabitants of the adjoining houses being obtained by means of a bib-tap fixed in the tank.

*Llanvihangel Crucorney*. The consulting Engineers, after careful consideration, were of the opinion that the two schemes—Peny-parc and Bryn Arw—formulated for the supply of this district, were inadequate; the readings after a period of drought being far below what would be required. The same opinion was arrived at in the case of Glannant in the existing main supply; the readings there falling to as little as four gallons per minute (13th October, 1937). Their report went on to state that it appeared to them that the only practical solution to the difficulty was to develop a scheme based upon the further utilisation of the Tyn-y-wern Springs. The overflow from these springs after supplying the Mardy, was found to be 120 gallons per minute (7th October, 1937). A scheme has been drafted making use of this supply using a hydrostat to raise a sufficient quantity of water for the area. As mentioned in last year's report, the question of a satisfactory water supply to this district, is one which requires immediate attention.



*The Deri.* In order to provide a more satisfactory supply to one of the cottages a length a  $\frac{3}{4}$ -in. main has been laid.

*Llanfoist.* The 3-in. main has been extended to the site of the new Council houses; and 1-in. branches taken to various points on the site for the Contractors to connect the service pipes.

The scheme of the Chepstow Rural District Council for the supply of water to Devauden and the surrounding high level districts, which was completed in 1931, is still proving in every way satisfactory.

The Monmouth Rural District Council have carried out extensive improvements to the water supply to Raglan. The reservoir around the springs, from which the supply is obtained, has been generally improved and protected and a new service pipe to the distributing reservoir laid down. In addition a new type hydraulic ram has been installed which has had the effect of increasing the water supply for consumption, as the water from a brook is now used for pumping the water from the impounding reservoir to the distributing reservoir. A scheme has also been prepared by the Council for the provision of an adequate water supply to the village of Trelleck and the greater part of the United Parish of Trelleck. The cost is expected to be somewhere in the region of £18,000. The scheme has been submitted to the Minister of Health and a local enquiry held by one of the Ministry of Health engineering inspectors.

Generally, the Rural District Councils pay strict attention to the water supplies of their districts. This attention is showing itself in the improved bacteriological condition of the supplies. Samples of water are periodically taken for analysis. Arrangements are made with the Laboratory by the District Sanitary Inspectors, and the samples are examined by the County Pathologist. Samples are also collected by the County Sanitary Inspector. Water supplies found to be polluted are investigated and usually the cause of pollution is removed.

## **DRAINAGE AND SEWERAGE.**

The Constituent Authorities of the Rhymney Valley Sewerage Board are : Caerphilly and Gellygaer Urban District Councils in the County of Glamorgan; and Rhymney, Bedwellty and Bedwas and Machen Urban District Councils in the County of Monmouth. The Board deals with the sewage of the Constituent Authorities in the Rhymney Valley and also deals with the sewage of a portion of the Parish of Van in the area of the Cardiff Rural District Council, and with the sewage from a portion of the Parishes of Machen Lower and St Mellons in the area of the Magor and St. Mellons Rural District Council. The Main Trunk Sewer of the Board extends from Rhymney to the sea outfall at Peterstone Wentloog with a 2½-million gallons capacity storage tank at St. Mellons.

Practically the whole of the subsidiary sewers in the Rhymney Valley are connected to the Trunk Sewer, that for a portion of Tirphil being connected during the year. Owing to building development at St. Mellons, the Magor and St. Mellons Council scheduled an additional area, and subsidiary sewers from this area were connected to the Trunk Sewer. The rate payable by the Council is 1/3d. in the £ on the assessable value of the properties and hereditaments in the areas drained with a minimum payment of £180 per annum. It was found necessary to amend the Boundary between the drainage areas of the Western Valleys (Mon.) Sewerage Board and the Rhymney Valley Sewerage Board in the Bedwellty Urban District and a Provisional Order was obtained for this purpose. Following the heavy rainfall of 20.52 inches which fell in January and February the Rhymney River was in flood and there was considerable erosion of the banks of the River Rhymney at Michaelstone, Bedwas, Brithdir and Pontlottyn, where the sewer is laid in close proximity to the river. Counterforts and groynes were constructed to prevent the sewer being undermined. The Board met representatives of the Colliery Companies with reference to the pollution of the river Rhymney and its tributaries through coal washing. As a result there has been some improvement but much remains to be done.

The Western Valleys (Mon.) Sewerage Board deals with the sewage of eight Urban districts, *namely*, Abertillery, Ebbw Vale, Tredegar, Nantyglo and Blaina, Abercarn, Risca, Bedwellty and Mynyddislwyn, together with portions of Magor and St. Mellons Rural District and portions of the Borough of Newport, the latter due to the recent Borough Extension. The scheme has been in operation for nearly 30 years and still works well although considerable trouble is experienced through subsidence and land movement. The Trunk Sewers are over 50 miles in length, whilst the length of subsidiary sewers exceeds 200 miles. The sewage is conveyed from the heads of the Ebbw and Sirhowy Valleys in pipes of increasing size to the Storage Sewer near Bassaleg from whence it is discharged into the Bristol Channel near St. Brides Wentloog. Grant schemes have been completed during the year at an approximate cost of £19,000. These schemes included the making of diversions of trunk sewers where settlement had occurred at Rose Heyworth, Celynen, Nine Mile Point and Bedwellty Pits. Further similar schemes have been prepared. Continual inspection and repairs are necessary in order to protect the sewer against damage from erosion where the sewer follows the course of the rivers.

A scheme is now under consideration for a joint main trunk sewer from Blaenavon to Ponthir under a joint board, on similar lines to those obtaining in the Western and Rhymney Valleys, the constituent authorities of which will be the Blaenavon, Pontypool and Cwmbran Urban District Councils. A public enquiry into the question of the formation of the sewerage board has already been held by the Minister of Health, and preliminary plans and estimates of the sewerage scheme have been prepared. The scheme makes provision for a

main trunk sewer starting in the higher reaches of Blaenavon and picking up in its course the subsidiary sewers which now empty direct into the Afon Llwyd and its tributaries. The partial treatment disposal works of the Cwmbran Council at Llanfrehfa will be linked up with the scheme and will be used for the purpose of dealing with surplus sewage due to storm. The main trunk sewer will discharge into complete modern sewage purification works to be established at Ponthir, and the resultant effluent which will comply with all the necessary standards of purity will be discharged ultimately into the Afon Llwyd. This scheme will be carried out with the assistance of grants to be made by the Commissioner for the Special Areas.

The Medical Officer of Health for the Abergavenny Rural District reports that the sewerage scheme for the Mardy, including the sewer from Maindiff Court, and the Council's sewage disposal works, was completed by the end of December, 1937. There is no public drainage in the rest of the district, but the sewage from all the Council houses is treated in the disposal works at the site of the houses; and in all houses recently erected by private enterprise a septic tank and filter is installed, allowing 4 cubic feet capacity in the septic tank, and 1 cubic yard of filtering media per adult.

The Coldra Estate has made considerable development and the Council has constructed a sewer and septic tank to deal with the sewage from these houses and any that may be erected in the future. The development, however, has been so rapid that the facilities already mentioned will have to be materially increased. The Caerleon Council are now proposing to construct a further length of sewer and a new and larger septic tank on a new site to deal with this added development. The new system will also provide for the drainage from the Lydia Beynon Maternity Hospital, the County Council making a contribution towards the increased expenditure.

The dry earth closet system is in use practically throughout the Magor Parish of the Magor and St. Mellons Rural District.

The slop water (house waste) is disposed of :—

- (1) Some of the villages have main drains conveying slop water into ditches and over the land.
- (2) In part of Christchurch it is conveyed into sewers.
- (3) Into cesspools which are emptied when necessary.

The Medical Officer for the Magor and St. Mellons Rural District reports that the populous and closely built parts of the area are served by efficient sewerage systems.

In the Monmouth Rural District, a new percolating filter plant and sprinkling beds have been laid at Raglan at a cost of approximately £700.

## **RIVERS AND STREAMS.**

The rivers in the agricultural portion of the County still remain free from serious pollution with the exception of the lower portion of the river Usk, and speaking generally, it may be said that so far as sewage pollution is concerned, there is no serious pollution above the point at which the Afon Llwyd enters the river Usk. Since the completion of the scheme for the treatment of the sewage from the parishes of Llantarnam and Llanfrechfa Upper, an improvement has been observed in the condition of the Avon Llwyd. The rivers passing through the industrial portion of the County are still heavily polluted by coal dust, etc., from coal washeries and other industrial concerns situated along their banks. In the Rhymney, Western and Sirhowy Valleys the main trunk sewers have practically removed the whole of the river pollution by sewage. It is unfortunate that a similar scheme has not yet been put into operation in the Eastern Valley but the scheme now under consideration will effect considerable improvement when it is eventually completed.

## **CLOSET ACCOMMODATION.**

Progress still continues to be made in the conversion of privies, pail closets, etc., into water closets, this being possible where subsidiary sewers have been provided by the various local authorities. Effective action was taken during the year in this connection by the Abercarn Urban District Council and as a result notification has been received of the intention of owners to put in flushing cisterns in respect of 300 houses.

## **PUBLIC CLEANSING.**

The collection of house refuse varies according to the conditions prevailing in the various districts. Usually the refuse is collected two or three times in the week. In most instances the work is done by motor lorries fitted with suitable covers. The provision of adequate sewerage arrangements, and the conversion of the old closets into water closets, have now practically eliminated the necessity of making special collections of night soil, especially in the urban areas. There is improvement in the care and condition of the refuse tips in the various districts, when and if possible all inflammable and decomposing matter should receive special attention.

A very good instance of what can be done by way of modern refuse tips is seen at the Abertillery refuse tip at the side of the Abertillery—Blaina road, where controlled tipping on modern lines is being carried out in a highly satisfactory manner. The Abertillery Council are to be complimented upon the manner in which they are dealing with the refuse upon this site.



## SANITARY INSPECTIONS OF THE AREA.

From the few reports which have been received from the District Medical Officers of Health, it is again observed that the District Sanitary Inspectors have displayed considerable activity in their respective areas.

Inspections of premises under the various Public Health and Housing Acts have been made, and where nuisances or defects are noted, informal and statutory notices have been served. In the majority of cases the notices were complied with, and in very few instances were legal proceedings necessary.

Mr. J. Jenkin Evans, A.R.S.I., M.S.I.A., the County Sanitary Inspector, assists the County Medical Officer in his sanitary investigations. Where the local Council is involved, he is accompanied by the Sanitary Inspector for the district concerned. Mr. Evans is also qualified as an Inspector of Meat and Other Foods. His duties may be summarised as follows:—

Investigations of Sanitary conditions of Schools, Pollution of Rivers and Streams, Causation of Outbreaks of Infectious Disease, Water Supplies of the County, and Tuberculosis in Cattle.

Nuisances arising from Drainage, Sewerage and Sewage Disposal, Refuse Collection and Disposal, The Keeping and Slaughtering of Animals, etc., Offensive Trades.

Inspections of Dairies and Cowsheds, Diseased Foodstuffs (at the request of the District Sanitary Inspectors), dwellings where insanitary conditions, overcrowding, etc., are reported.

Taking of samples of water, milk and sewage effluent for bacteriological and chemical examination at the County Laboratory; the disinfection of premises; attendance at Enquiries, etc.

During the year 1937 all schools closed on account of infectious disease were disinfected by the County Sanitary Inspector.

Under the County Medical Officer's Scheme for securing a clean and wholesome milk supply, the County Sanitary Inspector had much of his time taken up with milk investigations of various kinds, as well as with the collection of samples under the terms of the Milk (Special Designations) Order, relating to "Accredited" and "Tuberculin Tested" licences.

All special investigations arising from the "informal" milk sampling scheme of the County Medical Officer, and also under the Milk and Dairies Acts and Orders, are attended to by the County Sanitary Inspector, who



also attends at the post mortem examination of any animals slaughtered under the Tuberculosis Order, and the Orders already referred to.

During the year under review the Milk Marketing Board's Roll of Accredited Milk Producers' Scheme continued in operation and 86 licences were issued to producers of Accredited milk and 17 licences to producers of Tuberculin Tested milk to qualify them for entry upon the Milk Board's Roll under the special schemes. The farm premises generally were inspected and, where necessary alterations were required, revisits were made. Pre-licence samples and quarterly samples of milk were collected from each producer for bacteriological and other analysis. This has necessitated a great deal of extra work.

Under the Milk (Special Designations) Order, 1936, the County Council became the Licensing Authority for both "Accredited" and "Tuberculin Tested" licenses. Further details relative to this Order will be found later in this Report.

### **SHOPS.**

Improvements are still being effected under the various legislatures for the improvement of the health and comfort of workers in shops. The Factories Act, 1937, which comes into operation on the 1st July, 1938, will secure a general improvement in the conditions of factories and workplaces.

### **SMOKE ABATEMENT.**

No special reference to this subject is made in the Reports of the District Medical Officers which have been received.

### **SWIMMING BATHS AND POOLS.**

Facilities are available at the County Public Health Laboratory for the examination of water from Swimming Baths and Pools.

### **ERADICATION OF BED BUGS.**

The infestation of human dwellings by the bed bug continues to present a serious problem. Where rehousing is carried out under the Housing Acts arrangements are made for disinfection of furniture, etc., before tenants take up their new abodes.

### **OTHER SANITARY CONDITIONS REQUIRING NOTICE.**

There is very little change regarding the burial grounds in the County, and the demand for new ground for this purpose is still pronounced, more especially in those areas where there has been recent increases in the population. In the Survey Report issued for the year 1930, the disposal of the dead

by means of cremation was advocated by the County Medical Officer of Health. He is still of the opinion that this method is the one most suitable, especially in the overcrowded areas of the County.

## **SCHOOLS.**

The sanitary condition of schools is subject to district sanitary inspections, while the School Medical Officers and the County Sanitary Inspector also deal with it at their periodical visits to the schools. The special survey by the School Medical Officers of school buildings which commenced in 1925, was continued, and during the year 1937, all school buildings visited by School Medical Officers were inspected and a summary of the reports is given in detail in the County Education Annual Report for the year 1937. The prevailing type of school building is stone built with slate roof. There are also in use buildings of brick with slate roof. In two or three districts pending the erection of new premises, some of the departments are accommodated in galvanised iron buildings. These schools are on the corridor and central hall system and are substantial, commodious, airy and well lighted. All the conditions found to be unsatisfactory at the schools were notified to the County Sites and Buildings Committee. Generally, the sanitary conditions of the schools can be termed satisfactory. The water supplies to the schools in the whole of the industrial portions of the County are taken from the mains of the local authorities. This also applies to portions of the rural areas adjoining the townships. In the rural areas, where an adequate water supply cannot be obtained from the Council's mains, the supply is obtained from wells and springs. Samples of water from these supplies are periodically taken, also under special circumstances, and are analysed at the County Laboratory. Should the water supply prove to be unsuitable, alternative supplies are examined, and in practically every instance a suitable supply of pure water has been obtained. It is unfortunate, however, that in some cases this may be some distance away from the school premises. Disinfection of school premises following outbreaks of infectious disease is carried out by the County Sanitary Inspector, the whole of the interior and lavatory accommodation being thoroughly sprayed with a suitable disinfectant. With regard to the spread of infectious disease amongst school children, close co-operation exists between the District Medical Officers and the County Medical Officer. During the year the County Sanitary Inspector, in company with the District Sanitary Inspectors inspected all the schools at the time of their closure, on account of infectious disease, and any defects found were reported to the appropriate department. Any sanitary defects reported by the School Medical Officers are dealt with by the County Sanitary Inspector.

## HOUSING

The Circular issued by the Ministry of Health which deals with the preparation of the Annual Report of the County Medical Officer, points out that the Section under the heading "Housing," which calls for detailed information does not apply to County Councils. It is, however, noticed that stimulated by the Housing Acts of recent years extensive building operations by local authorities and private enterprise has continued. The majority of the houses erected are of modern good class urban type, whilst most of the better class are of a modern type and semi-detached. A housing scheme has been planned on the Coldra Estate in the parish of Christchurch (near Newport), and also at Langstone. There are no special difficulties in providing suitable building sites. In the thickly populated areas of the County the housing question cannot be regarded as settled, as from the reports received from the District Medical Officers of Health and from other observations there is still a shortage of houses for the working classes. Many of the older types of houses are in a condition only fit for demolition, but it is unfortunate that most of these houses are to be found in the areas where industrial depression has been most keenly felt and the tenants, in most cases, are not in a position to avail themselves of better housing accommodation, even when provided. The houses erected by the Local Authority under the Housing Acts, have been designed for the occupation by one family only, and are not in any way suitable for dual occupation. It is regretted that a number of these houses are now occupied by more than one family, and the practice of allowing this double occupation should be discouraged as much as possible by the Local Authority, as there is the danger that the houses so occupied will soon become little more than slum property. It is noted that the Sanitary Inspectors in the districts paid considerable attention to the inspection of houses under the Public Health and Housing Acts, and notices are served for the abatement of nuisances and the repairs necessary. The general character of the defects found to exist in unfit houses dealt with were mainly defective roofs, damp walls and defective windows and floors, and in some of the older type of back to earth cottages inadequate lighting and ventilation, and insufficient height of bedrooms.

The Housing Act, 1930, came into operation on the 15th August, 1930, and is to be construed with the Housing Act, 1925, and which is the principal act. It was an Act to make further and better provision with respect to the clearance or improvements of unhealthy areas, the repair or demolition of insanitary houses and the housing of persons of the working classes. The Housing Act, 1930, materially altered the powers of Local Authorities with respect to slum properties and re-housing, and contained provisions relative to the clearance or improvement of unhealthy areas, whilst imposing on the Local Authority definite obligations as to re-housing. Slum clearance and improvement area schemes have been placed before the Minister of Health by some of the Local Authorities in the County, and local

enquiries have been held by the Ministry Inspectors. Sections of the Act of 1930 deal expressly with the housing conditions in rural districts and the duty of the Rural District Councils and the County Council. It was laid down that it shall be the duty of every County Council to have constant regard to the housing condition of persons of the working classes, the extent to which overcrowding or other unsatisfactory housing conditions exist and the sufficiency of the steps which the Council of the Rural District have taken or are proposing to take to remedy those conditions and to provide further housing accommodation. During the year special inspections have been carried out in the districts regarding houses unfit for human occupation with a view to proceeding with clearance and improvement schemes under the Housing Acts. A number of clearance schemes have been carried out in many districts.

### **HOUSING (RURAL WORKERS) ACT, 1926.**

The object of the Act, which is administered by the County Council, is to secure a contribution to the improvement of housing conditions for agricultural labourers and other country workers by facilitating the reconditioning of old houses in such a way as to bring them up to modern standards of comfort and sanitation and by the conversion into dwellings of buildings not previously used for that purpose.

To this end the Act provides for assistance both by grants (towards which Exchequer contributions are available) and by loans, to be made available by the County Council to owners who are willing to undertake the carrying out of approved works.

The Act attaches conditions to the grant of public money which are designed to secure that the benefits shall go practically entirely to the tenants and not to the landlords. The Act directs attention to the necessity for preserving any historic, architectural or artistic interest in buildings dealt with under the Act, and to the importance of securing that the dwellings when completed will be in all respects satisfactory.

The Act is temporary; the period for which assistance is made available is extended to the 24th June, 1938, by the Housing Act, 1935.

During the year 20 applications for assistance were received and grants were made in 8 instances, affecting 9 dwellings. The value of grants made was £829/10/0 and the value of loans £100.

### **HOUSING ACTS, 1935 AND 1936.**

The Housing Act, 1935, gave local authorities new powers and imposed up-



on them new duties with relation to the abatement of overcrowding and the re-development of congested areas. In addition, it made certain extensions and alterations to the Housing (Rural Workers) Act. Broadly speaking, the chief matter dealt with in the Act are (1) the prevention and abatement of overcrowding; (2) the redevelopment of overcrowded areas; and (3) the consolidation of housing contributions accounts and other financial provisions. From a public health standpoint the most urgent matter concerning the district councils is that under the heading "Prevention and abatement of overcrowding". Under Section 1 of the Act, it was the duty of every local authority to cause an inspection of their district to ascertain what dwelling houses within their district are overcrowded, and to prepare and submit to the Minister of Health a report showing the result of the inspection and the number of new houses required in order to abate overcrowding in their district, and in addition to prepare and submit to the Minister proposals for the provision of the necessary houses.

The Ministry of Health has issued a comprehensive report dealing with the Overcrowding Survey in England and Wales and based upon the reports of the local authorities upon the detailed survey carried out. Taking Monmouthshire as a whole, the percentage of working class houses overcrowded is given as 3·4, and the number of overcrowded families is given at 2,411.

More detailed information regarding the working of the Act and the percentage of overcrowding in the various county districts will be found in the Report for the year 1936.

The Housing Act, 1936, which came into operation on the 1st January, 1937, does not include any new legislative requirements, but merely repeals and re-enacts in consolidated form the provisions of the Housing Acts of 1925, 1930 and 1935. Owing to the numerous and important amendments made by the Act of 1930 in the Act of 1925, and by the Act of 1935 in both the earlier Acts, the position of housing legislation had become extremely complicated, and the new Act assembles, in appropriate sequence, the provisions relating to repair, demolition or closure of individual unfit houses, clearance areas, prevention and abatement of overcrowding, and other aspects of the housing code previously distributed among the three earlier Acts. Any amendments effected by this Act are of a minor character.



The following table shows the number of houses which had been erected under the various Housing Acts and were owned by the district councils on the 31st December, and also the numbers of houses in the course of erection and for which sanction to build had been given by the Minister of Health on the 31st December, 1937.

County District	Total No. of Houses owned on 31/12/37.	No. of Houses in course of erection on 31/12/37.	No. of Houses for which sanction has been given but not commenced on 31/12/37.
<b>URBAN.</b>			
Abercarn ... ..	268	32	—
Abergavenny ... ..	168	—	—
Abertillery ... ..	177	—	—
Bedwas and Machen	328	30	30
Bedwellty ... ..	727	—	118
Blaenavon ... ..	199	—	—
Caerleon ... ..	66	—	—
Chepstow ... ..	74	—	—
Cwmbran ... ..	250	46	112
Ebbw Vale ... ..	570	36	—
Monmouth ... ..	85	74	—
Mynyddislwyn ... ..	354	—	—
Nantyglo and Blaina	222	40	12
Pontypool ... ..	1,304	52	100
Rhymney ... ..	91	—	—
Risca ... ..	670	40	190
Tredeggar ... ..	329	30	100
Usk ... ..	—	—	—
<b>RURAL.</b>			
Abergavenny ... ..	38	12	—
Chepstow ... ..	59	7	36
Magor & St. Mellons	182	—	—
Monmouth ... ..	22	—	14
Pontypool ... ..	17	—	—
Totals ... ..	6,200	399	712

In addition, numerous schemes had been submitted to the Minister but sanction to proceed with the schemes had not been given on the 31st December, 1937.

	URBAN. Abercarn	Abergavenny	Abertillery	Bedwas and Machen	Bedwellty	Blaenavon	Caerleon	Chepstow	Cwmbran	Ebbw Vale	Monmouth	Mynyddislwyn	Nantyglo and Blaina	Pontypool	Rhynney	Risca	Tredegar	Usk	TOTAL URBAN	RURAL. Abergavenny	Chepstow	Magor and St. Mellons	Monmouth	Pontypool	TOTAL RURAL	GRAND TOTALS
Aspirin Tablets	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	1	..	..	1	4
Back and Kidney Pills	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	1	..	..	1	1
Baking Powder	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	3	..	2	1	..	..	1	5
Bicarbonate of Soda	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	2	1
Blanc Mange Powder	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	3
Bronchial Mixture	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	2	1
Bun Flour	..	..	..	..	3	..	..	..	..	1	..	1	..	..	..	..	..	..	2	20	..	..	..	..	..	1
Butter	8	..	..	1	3	..	..	..	..	1	..	1	..	..	..	..	..	6	2	..	..	..	..	..	..	2
Camphorated Oil	1	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	20	..	2	2	..	..	4	24
Carbonate of Soda	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Cascara Tablets	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Castor Oil	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Cheese	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1	..	..	1	2
Cocoa	3	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	1	2
Coffee	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	1	..	..	1	5
Compound of Mustard	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Compound of Syrup of Figs	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Cream	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
Cream of Tarter	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	2
Custard Powder	3	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	4	..	1	2	..	..	..	1
Demerara Sugar	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	3	7
Digestive Tablets	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	2
Egg Substitute	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1
Epsom Salts	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Essence of Peppermint	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	1	..	..	1	1
Essence of Rennet	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Eucalyptus Oil	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1
Fish Paste	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	1	..	..	1	1
Flavouring Essence	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	3
Flu Powders	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Glycerine	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	1	1
Gravosal Gravy Maker	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Gravy Browning	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Gravy Colouring	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Gravy Powder	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	1	1
Ground Ginger	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Ground Nutmegs	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Ground Pepper	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Honey	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	2
Iodised Throat Tablets	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Jelly	1	..	..	..	2	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Lard	7	..	..	1	3	..	..	..	..	1	..	1	..	..	..	..	..	..	4	..	1	2	..	..	3	7
Laxative Tablets	1	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	13	..	1	2	..	..	3	16
Lemon Crystals	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	2
Magnesia Carbonate	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Malt Vinegar	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1
Margarine	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	2	5	..	2	1	..	3	8	
Mazipan Fruits	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	..	1	3	3
Meat Paste	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Milk (new)	24	47	57	26	77	58	3	..	37	71	52	40	2	116	22	36	38	34	740	2	1	..	..	..	1	3
Milk (Appeal to Cow)	..	2	..	..	..	3	..	..	..	..	12	..	..	5	..	..	..	5	27	25	38	..	..	63	803	
Milk (in course of delivery)	..	6	..	..	..	1	..	..	..	..	13	..	..	11	..	..	..	16	47	..	..	..	..	..	27	1
Milk (Skimmed)	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	47	1
Milk of Sulphur	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Mixed Herbs	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Mixed Spice	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	3	3	..	..	..	..	..	..	3

Some samples taken in Mynyddislwyn area are included in the Bedwellty area return.

TABLE SHOWING THE NUMBER OF SAMPLES TAKEN IN EACH DISTRICT —CONTINUED.

	URBAN. Abercarn	Abergavenny	Abertillery	Bedwas and Machen	Bedwelty	Blaenavon	Caerleon	Chepstow	Cwmbran	Ebbw Vale	Monmouth	Mynyddislwyn	Nantyglo and Blaina	Pontypool	Rhymney	Risca	Tredeggar	Usk	TOTAL URBAN	RURAL. Abergavenny	Chepstow	Magor and St. Mellons	Monmouth	Pontypool	TOTAL RURAL	GRAND TOTALS
Mustard	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Oatmeal	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Olive Oil	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Orange Cubes	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Pearl Barley	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Peas	...	1	...	1	1	...	...	...	...	1	...	1	...	...	...	...	...	...	5	...	1	...	...	...	1	6
Pepper	...	4	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	7	...	1	1	...	...	2	9
Pickling Spice	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Raisins	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Raw Sugar	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Rice	...	4	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...	2	...	...	2	9
Sausage	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Self Raising Flour	...	3	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...	...	2	...	...	2	9
Seidlitz Powders	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1
Shrimp Paste	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Sild	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Soup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1
Sponge Mixture	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Sponge Powder	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Suet	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Suitanas	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	1
Sweets	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Syrup of Figs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Tapioca	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	2
Tea	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	1	3
Tea Cakes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Thyme	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1
Tomato Ketchup	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Vanilla Essence	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Veld Shortening	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Vinegar	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	...	1	2
TOTALS	... 69	56	57	42	130	67	3	...	37	83	77	51	2	132	22	36	38	63	965	...	44	74	...	...	118	1083

Some samples taken in Mynyddislwyn

Some samples taken in Mynyddislwyn area are included in the Bedwelty area return.

The following table shows the progress which has been made during the year in the construction of new dwellings by the district councils, and also by private enterprise under the various Housing Acts :—

District.	Total Number of Houses completed during year ended 31st Dec., 1937.		Total
	By Local Authority.	Private Enterprise.	
URBAN.			
Abercarn ...	—	11	11
Abergavenny ...	—	13	13
Abertillery ...	—	—	—
Bedwas and Machen	—	8	8
Bedwellty ...	—	7	7
Blaenavon ...	—	—	—
Caerleon ...	16	41	57
Chepstow ... ..	24	5	29
Cwmbran ... ..	18	33	51
Ebbw Vale .. ...	38	32	70
Monmouth .. ...	—	21	21
Mynyddislwyn ..	—	1	1
Nantyglo and Blaina	—	—	—
Pontypool ... ..	126	82	208
Rhymney ... ..	—	1	1
Risca ... ..	14	4	18
Tredegar ... ..	56	—	56
Usk .. ...	—	—	—
RURAL.			
Abergavenny ...	4	14	18
Chepstow ... ..	8	93	101
Magor & St. Mellons	—	161	161
Monmouth .. ...	12	7	19
Pontypool ... ..	—	14	14
Totals	316	548	864



## INSPECTION AND SUPERVISION OF FOOD

### (a).—MILK SUPPLY.

The scheme inaugurated by the County Medical Officer for the taking of "informal" samples of milk sold in the County is still being operated. In conjunction with the scheme, Part IV of the Milk and Dairies Order, 1926, which deals with the health and inspection of cattle, was carried out. During the year 1937 "informal" samples of milk were taken which is an increase of 134 when compared with the figure for the previous year. This is due in part to the sampling at the schools in the County where milk is supplied to the children under the Milk to Schools Scheme. As in previous years, it can again be said, that the working of the scheme has had far reaching effects upon the purity of the milk supply in the districts in which operations have so far been carried out. The scheme has been in operation for a number of years, and although at the outset difficulty was experienced in obtaining the co-operation of milk vendors and the producers, it can now be recorded that the difficulties have been overcome and that the scheme is appreciated by those concerned with the milk trade generally.

The scheme has been put into operation in every district of the County, and during 1937, the procedure adopted was to take a number of samples of milk from as many districts as possible in the year. By this method the benefits of the scheme are fully maintained. During the year samples were taken from all the urban and rural districts in the County. The samples are collected by the County Sanitary Inspector, accompanied by the District Sanitary Inspector, and are examined at the County Laboratory by the County Bacteriologist. In addition to the bacteriological examination for evidence of tubercle, zymotic diseases and dirt contamination, animal inoculations are made for the purpose of definitely ensuring against any possible infection by Tuberculosis. Should this be found to be present, the farm producing the milk is visited and the herd submitted to veterinary examination, individual samples being taken from any cow regarded as suspicious. The milk from suspected cows is ordered to be excluded from that of the herd until the bacteriological examination has been made. In the event of an individual sample proving tuberculous, arrangements are made for the slaughtering of the animal under the Tuberculosis Order, 1925, in which case the district Sanitary Inspector in company with the County Sanitary Inspector is present at the slaughtering so that the carcase, or parts of the carcase, where necessary, can be condemned as unfit for human consumption. In such cases where the Sanitary Inspector is not qualified to deal with meat inspection, a Veterinary Surgeon, or the County Sanitary Inspector has attended at the slaughtering of the animal. The tuberculin test is employed in cases where bacteriological examination of the sample has



proved to be suspicious but has not shown definite evidence of Tuberculosis, also a close watch is kept upon the cow before its milk is again allowed to be mixed with that of the herd. With regard to the slaughter of infected animals, it has been found that action taken under the Tuberculosis Order by the Veterinary Inspectors appointed under the Diseases of Animals Acts is better than utilising the Milk and Dairies (Consolidation) Act, 1915; much overlapping is thus eliminated. Copies of all reports upon the bacteriological examination of "informal" samples are sent to the local Sanitary Inspectors, and where evidence pointing to want of care in handling the milk after it has left the cow, or to its contamination in other ways is reported, a warning is sent to the offender by the Clerk to the Local Sanitary Authority, which, in practically every case has had the effect of an immediate improvement in the condition of the milk. Further details regarding the samples taken during the year 1937 will be found in the report of the County Bacteriologist and Pathologist earlier in this Report. The dairy herds at 85 farms were inspected by the County Veterinary Surgeon, in company with the County Sanitary Inspector, and 1,100 cows were examined. The number of samples of milk taken from the cows examined was 342 and in every instance the Department was successful in locating the cow or cows affected with Tuberculosis, and which were giving milk containing tubercle bacilli. Notices were given under the Tuberculosis Order regarding these cows, and they were examined after slaughter by the District Sanitary Inspectors and the County Sanitary Inspector. The post mortem examination of the carcass proved in each instance the bacteriological examination of the milk at the County Laboratory by the County Bacteriologist. Every carcass examined was condemned as unfit for human consumption and destroyed. In some of the districts of the County, the Sanitary Inspectors take "informal" samples and test the milk by means of a Minit Tester, for the purpose of demonstrating to the retailer and producer the presence or otherwise of dirt or other gross foreign matters. From the reports which have been received from the districts, the Dairies, Cowsheds and Milkshops have been periodically inspected, and there is further improvement to be noted in the general condition of these premises, but there is still room for further improvement. In some of the districts trouble is experienced in obtaining general improvements in the structural condition of Cowsheds on account of the owners who are not the tenants not being prepared to expend anything upon the work. However, although some progress has been made in reconstruction, every effort is still being made to instill into these cowkeepers the absolute necessity for scrupulous cleanliness, and education on this matter has been attempted rather than legislation, with beneficial results. Arrangements have been made with the Chief Constable for the notification of all animals intended to be slaughtered under the Tuberculosis Order, 1925. The date and time of slaughter is given, and the County Sanitary Inspector has attended for the purpose of examining the carcass, so as to ensure that only meat fit for human consumption shall be placed upon the market.

# MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

The Milk (Special Designations) Order, 1936, came into operation on the 1st June, 1936, and superseded the Milk (Special Designations) Order, 1923. The new Order prescribes the following special designations for milk :—

*“Tuberculin Tested”*, which is milk from cows which pass a six monthly tuberculin test and veterinary examination; it has to satisfy certain prescribed bacteriological tests. The licensing authority is the County Council.

*“Accredited”*, which is milk from cows which pass a three monthly veterinary examination; it has to satisfy the same bacteriological tests as are prescribed for *“Tuberculin Tested”* milk. The licensing authority is the County Council.

*“Pasteurized”*, which is milk which has been heated for 30 minutes at 145°F. The licensing authority is the local sanitary authority.

It will be noticed that under the terms of the Order, the County Council became the licensing authority for Tuberculin Tested milk. This work was hitherto under the supervision of the Ministry of Health. The standards laid down are substantially the same as those prescribed for *“Grade A (Tuberculin Tested)”* milk under the 1923 Order. Until the 31st December, 1936, the milk had to satisfy a plate count test, and after that date a prescribed methylene blue reduction test for cleanliness. It also has to satisfy a test for coliform bacillus. One new licence to produce Tuberculin Tested milk was issued during the year, while the licences of 17 farmers were renewed, 7 producers also qualifying for bottling licences. The farms are visited periodically, and inspected by the County Sanitary Inspector, and samples of milk for examination are collected.

The Milk Marketing Board, under the provisions of the Milk Act, 1934, put forward, in 1935, an amended scheme for the establishment of a Roll of Accredited Producers, and which was an amended scheme to meet the opposition to the scheme put forward during the year 1934. The scheme came into operation in May, 1935, and is, in fact, part of the Milk (Special Designations) Order, 1923. Before a producer can become qualified to be entered upon the Roll of Accredited Producers by the Milk Marketing Board, it is necessary for him to obtain a licence from the County Council to produce *“Accredited”* milk in accordance with the terms of the Milk (Special Designations) Order, 1936. To assist in making the new scheme a success and more especially with a view to improving the quality and cleanliness of the liquid milk supply, the County Council have taken very advanced steps. Before a producer can obtain a licence his premises must be improved, the cattle clinically inspected, his methods of working and storing satisfactory, and in addition, an approved sterilising equipment installed; lastly, two samples of

milk must be submitted to the County Laboratory for bacteriological examination with a view to ascertaining if the producer is and can continue to produce milk of the requisite cleanly standard laid down. The pre-licence costs entailed, with the exception of the bacteriological analysis of the samples of milk, are borne by the producer. After a licence has been issued by the County Council all the costs are borne by the County Council. These include the cost of the collection, etc., and examination of the milk samples at the County Laboratory.

The number of new licences to produce "Accredited" milk issued during the year was 14 and 72 licences were renewed, making a total of 86, which is an increase of 13 over the number for 1936. The inauguration of the scheme has meant much increased work at the County Laboratory. All the premises of applicants for "Accredited" licences are inspected by the County Sanitary Inspector, and reports thereon are made, together with suggestions for improvements. This has entailed very much increased work. It is pleasing to note that there is a marked tendency towards an improvement in the bacteriological standard of the milk produced. Furthermore, the increased sampling of the milks, which, in addition to being examined bacteriologically, are all examined for the presence of tubercle bacilli, has resulted in the finding of tuberculosis in certain samples of milk which might not have been found under other circumstances, and the elimination and destruction of the offending cattle at the farms.

The scheme for the provision of milk to the children attending schools within the County has been continued during the year. Arrangements are made by local milk vendors for the supply of milk to the schools in  $\frac{1}{3}$  pint bottles complete with a sterilised straw for the child to drink the milk with. The cost of the milk is 1d. per  $\frac{1}{3}$  pint, of which the child pays  $\frac{1}{2}$ d., the remaining  $\frac{1}{2}$ d. being contributed by the Milk Marketing Board from the funds at their disposal. Before the milk can be supplied to the schools the approval of the County Medical Officer is necessary, this being given after local investigations into the source of supply and the quality of the milk to be supplied. Surprise samples of the milk are taken and are tested at the County Laboratory with a view to ascertaining whether or not a satisfactory standard is being maintained.

### **AGRICULTURE ACT, 1937.**

Part IV of the Act comes into operation on the 1st April, 1938, and deals with the health and inspection of cattle and two panels of veterinary inspectors, one full-time and one part-time, have been appointed by the Ministry of Agriculture and Fisheries in an effort to eradicate tuberculosis and other diseases from the herds of the country. The veterinary panel of this county has been transferred to the Ministry of Agriculture for this work.

**(b).—MEAT AND OTHER FOODS.**

The following tables show the quantities of meat and other foods condemned in the various Urban and Rural Districts of the County during the year, and it will be noticed from the figures that great attention is being given to this important section of public health work :—

DISTRICT	Fish.	Bottled and Tinned Goods	Bacon.	Offal, etc.	Cooked Meat.	Vegetables and Fruit.	Mis- cellaneous
<b>URBAN</b>							
Abercarn ...	120 lbs.	158 tins	70 lbs.	480 lbs.	—	212 lbs.	22 cwts.
Abergavenny ..	—	—	—	—	—	—	—
Abertillery ...	12 tins	42 tins	—	4 prs. bo- vine lungs 18 prs. sheep's lungs. 72 sheep's livers.	—	6 tins	1,556 lbs. beef. 60 lbs. Pork. 2 Udders
Bedwas and Machen ...	25 tins	45 tins	125 lbs.	14,963 lbs	11 tins	9 tins	18 tins
Bedwellty ...	24 lbs.	649 tins	84½ lbs.	468 lbs.	166 lbs.	16 lbs.	170 lbs.
Blaenavon ...	—	33 tins	—	—	8 lbs.	—	—
Caerleon ...	—	—	—	—	—	—	—
Chepstow ...	—	—	—	—	—	—	—
Cwmbran ...	—	—	—	—	—	—	—
Ebbw Vale ...	60 lbs. & 1 bag cockles	495 tins	164 lbs.	1,350 lbs.	90 lbs.	320 lbs. & 7 bags onions	—
Monmouth ...	—	—	—	30 lbs.	—	—	—
Mynyddislwyn	56 lbs.	505 tins	—	3,341 lbs.	—	132 lbs.	123 eggs
Nantyglo and Blaina ...	—	—	—	242 lbs.	—	—	—
Fontypool ...	20 lbs.	355 tins	40 lbs.	1,320 lbs.	183 lbs.	—	130 lbs.
Rhymney ...	—	179 tins	30 lbs.	40 lbs & 81 lbs. liver	28 lbs.	192 lbs. potatoes	30 lbs beef 24 packets pastry powders. 63 lbs.
Risca ...	76 lbs.	195 tins	28 lbs.	537 lbs.	—	79 lbs.	528 lbs.
Tredegarr ...	72 lbs.	722 tins	396 lbs.	8,365 lbs.	50½ lbs.	315½ lbs.	—
Usk ...	—	68 tins	—	95 lbs.	—	12 lbs.	—
<b>RURAL</b>							
Abergavenny ..	—	—	—	—	—	—	—
Chepstow ...	—	—	—	—	—	—	—
Magor ...	—	—	—	—	—	—	—
St. Mellons ...	—	51 tins	33 lbs.	667 lbs.	—	—	26 lbs.
Monmouth ...	—	—	—	132 lbs. & 2 pigs heads	—	—	—
Fontypool ...	—	—	—	—	—	—	—



# MEAT.

## URBAN.

## RURAL.

		Abercarn	Abergavenny	Abertillery	Bedwas & Machen	Bedwellty	Blaenavon	Caerleon	Chepstow	Cwmbran	Ebbw Vale	Monmouth	Mynyddislwyn	Nantyglo & Blaina	Pontypool	Rhymney	Risca	Tredeggar	Usk	Abergavenny	Chepstow	Magor & St. Mellons	Monmouth	Pontypool
NUMBER KILLED IF KNOWN.	Cattle, excluding Cows	199	...	250	2237	120	154	24	...	...	...	...	64	40	1280	95	294	722	...	...	...	...	86	...
	Cows	398	...	91	464	540	40	6	406	...	760	...	68	272	140	...	...	921	130	...	...	182	28	...
	Calves	236	...	128	1061	140	114	110	182	...	98	...	102	264	104	62	174	994	24	...	...	65	6	...
	Sheep and Lambs	4361	...	2753	15194	3902	2695	728	2784	...	2270	...	1079	3748	4985	990	2483	12524	623	94	...	1940	276	...
	Pigs	861	...	697	5192	970	759	104	546	...	1100	...	586	676	1462	345	878	4878	87	96	...	510	62	...
NUMBER INSPECTED.	Cattle, excluding Cows	199	...	186	1677	100	...	...	...	...	...	...	64	...	1150	89	280	710	...	...	60	...	86	...
	Cows	398	...	66	368	510	...	...	...	...	760	522	68	...	440	...	...	895	130	...	14	...	27	...
	Calves	236	...	96	775	120	...	...	...	...	98	81	102	...	84	60	165	830	24	...	14	...	6	...
	Sheep and Lambs	4361	...	2064	11394	3200	...	...	...	...	2270	637	1079	...	3952	950	2400	8250	623	94	33	...	250	...
	Pigs	861	...	545	3894	920	...	...	...	...	1100	522	586	...	1225	327	850	4620	87	96	60	...	56	...
ALL DISEASES EXCEPT TUBERCULOSIS WHOLE CARCASSES CONDEMNED.	Cattle, excluding Cows	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Cows	...	...	...	1	...	2	2	...	...	2	...	...	1	...	...	...	1	...	...	1	1	...	...
	Calves	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
	Sheep and Lambs	3	1	...	...	...	1	6	...	...	2	...	5	...	...	...	...	4	...	...	2	3	1	...
	Pigs	...	1	...	...	...	...	1	...	...	3	...	3	...	...	...	...	1	...	...	...	2	...	...
CARCASSES OF WHICH SOME PART OR ORGAN WAS CONDEMNED.	Cattle, excluding Cows	...	2	...	207	...	26	...	...	...	...	1	8	...	80	3	75	8	...	...	8	...	8	...
	Cows	12	...	5	133	...	8	...	...	...	60	...	15	...	60	...	...	35	...	...	...	15	2	...
	Calves	...	...	...	15	...	...	...	...	...	6	...	...	...	...	...	32	...	...	...	...	3	...	...
	Sheep and Lambs	264	1	17	556	...	114	...	...	...	160	...	66	...	325	20	116	1350	...	...	...	49	8	...
	Pigs	20	32	...	92	...	14	...	...	...	10	...	15	...	63	...	236	165	...	...	...	30	...	...
PERCENTAGE OF THE NUM- BER INSPEC- TED AFFECTED WITH DISEASE OTHER THAN TUBERCULOSIS	Cattle, excluding Cows	...	...	...	12.4	...	...	...	...	...	...	...	12.5	...	6.9	3.3	26.7	1.1	...	...	13.3	...	9.3	...
	Cows	3.0	...	7.5	36.4	...	...	...	...	...	8.1	.1	22.0	...	13.6	...	...	4.0	...	...	7.1	8.7	7.4	...
	Calves	...	...	...	1.9	...	...	...	...	...	6.1	...	...	...	...	...	19.3	...	...	...	7.1	4.6	...	...
	Sheep and Lambs	6.1	...	.8	4.8	...	...	...	...	...	7.1	...	6.5	...	8.2	2.1	4.4	16.4	...	...	6.6	2.1	3.6	...
	Pigs	2.3	...	...	2.3	...	...	...	...	...	1.1	...	3.0	...	5.1	...	27.7	3.5	...	...	...	6.2	...	...
TUBERCULOSIS ONLY. WHOLE CARCASSES CONDEMNED.	Cattle, excluding Cows	4	5	...	3	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	2	...	...	...
	Cows	2	...	2	16	3	...	2	...	...	9	...	2	2	2	...	...	19	1	...	...	3	...	...
	Calves	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Sheep and Lambs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Pigs	...	...	...	1	...	7	...	...	...	3	...	3	...	...	...	...	29	...	...	...	2	...	...
CARCASSES OF WHICH SOME PART OR ORGAN WAS CONDEMNED	Cattle, excluding Cows	8	...	...	97	1	5	...	...	...	...	2	7	...	...	...	25	10	...	...	4	...	...	...
	Cows	19	...	...	63	3	6	...	...	...	85	...	15	...	18	...	...	140	1	...	...	9	...	...
	Calves	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18	...	...	...	...	...	...	...
	Sheep and Lambs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	37	...	...	...	...	...	...	...
	Pigs	33	...	...	114	8	16	...	...	...	43	1	7	...	6	4	96	320	...	...	...	8	2	...
PERCENTAGE OF THE NUM- BER INSPEC- TED AFFECTED WITH TUBERCULOSIS	Cattle, excluding Cows	6.0	...	...	5.9	1	...	...	...	...	...	...	10.9	...	.08	...	8.9	1.5	...	...	10	...	...	...
	Cows	5.2	...	3.0	21.4	1.1	...	...	...	...	12.3	.3	25.0	...	4.5	...	...	17.7	1.5	...	...	6.5	...	...
	Calves	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10.9	...	...	...	...	...	...	...
	Sheep and Lambs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1.5	...	...	...	...	...	...	...
	Pigs	3.8	...	...	2.9	.8	...	...	...	...	4.1	.1	1.7	...	.4	1.2	11.3	7.5	...	...	...	1.9	3.5	...

Complete records of animals slaughtered and carcasses inspected are not kept in some districts.





Of the 31 Sanitary Inspectors in the Administrative County, 18 hold a special certificate, and are qualified Inspectors of Meat and Other Foods. The Districts whose Sanitary Inspectors are in possession of the certificate for meat and food inspection are: Abercarn, Abertillery Bedwellty (2), Blaenavon, Ebbw Vale (2), Mynyddislwyn, Pontypool (3), Rhymney, Risca, and Tredegar (2), Urban, and Chepstow (2) and Monmouth, Rural. The County Sanitary Inspector also holds the special certificate and is qualified as an Inspector of Meat and Other Foods. His services are available whenever called upon to assist the Inspectors in the various districts. This assistance has readily been accepted on numerous occasions.

In several districts the Medical Officers of Health and the Sanitary Inspectors have recommended to their Councils the desirability of providing public slaughterhouses which would be under the direct control of the local authority. Difficulty is experienced by practically all the sanitary inspectors who are responsible for the inspection of meat in their areas, in carrying out in a satisfactory manner this important branch of their public health duties. A difficulty arises owing to the occasional slaughter of animals at places other than slaughterhouses. It is obvious that the provision of a public abattoir would tend greatly to eliminate the difficulty mentioned. All the slaughtering would be centralised, and systematic and proper supervision could then be obtained, the risk to the consumer lessened and the purity of the meat improved by being slaughtered, cooled and stored under hygienic and wholesome conditions.

The Sanitary Inspectors of the County are continually concentrating upon the provisions of the Public Health (Meat) Regulations, and these have been applied as far as possible in the County. All butchers' shops and meat stalls in the County are regularly inspected to ensure compliance with the Regulations. The existence of stalls in market streets in the form allowed by the Regulations is countenanced because it is thought their existence enables meat to be sold at competitive prices, and so tends to bring down the prices generally at which meat is sold to the public. That the Regulations governing the sale of meat are reasonable is indicated by the very ready response on the part of the vendors to remedy any temporary omission, either on their part or on the part of their assistants. In very few instances has it been necessary to serve notices for breach of the Regulations.

## **ADULTERATION, ETC.**

Samples of foodstuffs, including butter, milk, margarine, etc., are sent to Mr. G. Rudd Thompson, F.I.C., Dock Street, Newport, who is the Public Analyst appointed for the County. At a meeting of the Works and General Purposes Committee, held on the 13th July, 1920, it was decided that the

County Medical Officer should exercise general supervision over the action to be taken in pursuance of the Acts and Regulations under the Sale of Food and Drugs Acts, and that he, the County Analyst, and, if necessary, the Clerk, should confer as to the details necessary to secure observance of the Acts and Regulations. The Administrative County is divided into three districts for the purposes of these Acts, as follows :—

District "A," under the supervision of Inspector G. C. Jenkins, with an Assistant, and comprising the Municipal Boroughs of Abergavenny and Monmouth, the Urban Districts of Blaenavon, Cwmbran (Part), Pontypool and Usk, and the Rural Districts of Abergavenny, Monmouth and Pontypool.

District "B," under the supervision of Inspector A. W. Prosser, with two Assistants, and comprising the Urban Districts of Abertillery, Bedwellty, Ebbw Vale, Mynyddislwyn (part), Nantyglo and Blaina, Rhymney and Tredegar.

District "C," under the supervision of Inspector T. R. Davies, with an Assistant, and comprising the Urban Districts of Abercarn, Bedwas and Machen, Caerleon, Chepstow, Cwmbran (part), Mynyddislwyn (part), and Risca, and the Rural Districts of Chepstow, Magor and St. Mellons.

The following is the report of the County Analyst, Mr. G. Rudd Thompson, for the year 1937.

"During this period 1,086 samples have been analysed, which have been submitted to me as under :—

Division "A" .....	436
Division "B" .....	331
Division "C" .....	319

Of these 122 were informal or trial samples.

The details of the samples analysed are as under :—

841 Milk in course of delivery, 38 Milk "Appeal to Cow", 2 Separated Milk, 2 Cream, 24 Butter, 2 Cheese, 1 "Velda" Shortening, 16 Lard, 3 Margarine, 1 Beef Suet, 4 Sugar, 1 Honey, 6 Table Jelly, 1 Crab Apple Jelly, 9 Flour, 9 Rice, 3 Tapioca, 1 Teacake Mixture, 1 Pearl Barley, 5 Baking Powder, 7 Custard Powder, 1 Egg Substitute Powder, 3 Blancmange Powder, 2 Sponge Mixture, 1 Essence of Rennet, 1 Essence of Peppermint, 1 Vanilla Essence, 1 Flavouring Essence, 1 Oatmeal, 2 Bun Flour, 1 Raisins, 2 Sultanas, 11 Pepper, 2 Mustard Compound, 1 "Gravosal" Gravy Maker, 3 Mixed Spice, 1 Pickling Spice, 2 Gravy Browning, 1 Ground Nutmeg, 1 Gravy Powder, 1 Ground Ginger, 8 Malt Vinegar, 2 Vinegar, 1 Thyme, 1 Mixed Herbs, 1 Tomato Sauce, 5 Cocoa, 1 Coffee, 1 Tea, 1 Orange Cubes, 1 Lemonade

Crystals, 1 Camphorated Oil, 2 Castor Oil, 1 Olive Oil, 1 Milk of Sulphur, 3 Syrup of Figs, 1 Iodised Throat Tablets, 2 Sodium Bicarbonate, 1 Glycerine, 4 Aspirin Tablets, 1 "Regulators", 1 Cream of Tartar, 1 Seidlitz Powder, 1 Epsom Salts, 1 'Flu Powders, 1 Eucalyptus Oil, 1 Bronchial Mixture, 1 Cascara Sagrada Tablets, 1 Magnesium Carbonate, 1 Juniper Back and Kidney Pills, 1 Laxative Tablets, 1 Digestive Tablets, 3 Potted Meat, 1 Sausage, 4 Fish Paste, 2 "Sild", 1 Soup, 6 Peas, 2 Sweets and 1 Marzipan Fruits.

MILK. Of the total number 841 were samples of milk purchased from Vendors and of these 767 were found on analysis to conform to the requirements of the Sale of Milk Regulations, but 72 samples failed to conform to the Regulations, this number amounting to 8.56% of the milk samples sold to the Public throughout the year. Two further samples failed to conform to the Regulations by virtue of a deficiency in solids not fat but these have not been included in the above category as the freezing point determinations showed them to be of abnormal composition. Particulars of the milks failing to conform to the Regulations are as under:—

20 samples contained added water to the extent of 46.12 per cent., 36.82 per cent., 28.24 per cent., 26.83 per cent., 26.00 per cent., 22.00 per cent., 17.29 per cent., 9.65 per cent., 8.24 per cent., 7.53 per cent., 6.47 per cent., 6.24 per cent., 6.24 per cent., 5.41 per cent., 5.18 per cent., 5.18 per cent., 5.06 per cent., 3.88 per cent., 3.53 per cent., and 1.18 per cent. respectively, and 52 were deficient in Fat to the extent of 55.00 per cent., 49.67 per cent., 47.33 per cent., 30.00 per cent., 29.33 per cent., 27.00 per cent., 24.00 per cent., 23.00 per cent., 21.33 per cent., 21.00 per cent., 20.00 per cent., 19.33 per cent., 18.67 per cent., 17.00 per cent., 16.67 per cent., 16.33 per cent., 15.67 per cent., 15.33 per cent., 14.67 per cent., 14.33 per cent., 13.67 per cent., 13.33 per cent., 12.67 per cent., 12.67 per cent., 12.33 per cent., 12.33 per cent., 12.33 per cent., 12.33 per cent., 11.67 per cent., 11.67 per cent., 11.33 per cent., 11.00 per cent., 10.67 per cent., 10.33 per cent., 10.00 per cent., 9.67 per cent., 9.00 per cent., 8.33 per cent., 8.33 per cent., 8.33 per cent., 8.33 per cent., 7.00 per cent., 6.67 per cent., 6.00 per cent., 4.67 per cent., 4.33 per cent., 4.00 per cent., 4.00 per cent., 2.67 per cent., 2.33 per cent., 2.00 per cent., and 1.67 per cent. respectively. Every sample of milk submitted has been examined for the presence of preservatives and added colouring matter which were found to be absent in every case.

Classified in my usual manner, the details below show the composition of milks as sold to the public:—

*According to Content of Fat.*

Under 3%	3—3.49%	3.5—3.99%	4—4.49%	4.5% and over
62	326	307	99	47

*According to Content of Solids not Fat.*

Under 8.5%	8.5—8.69%	8.7—8.89%	8.9—9.09%	9.1% and over
22	149	268	251	151

The average composition of all above milk samples is :—

Fat, 3.54%; Solids not Fat, 8.83%; Total Solids, 12.37%.

and differs only slightly from that of the average over the past nine years, as will be seen from the Table below :—

Year.	Fat.	Solids not Fat.	Per cent. of adulteration.
1928 .....	3.52%	8.78%	4.41
1929 .....	3.55%	8.89%	4.05
1930 .....	3.65%	8.83%	2.82
1931 .....	3.66%	8.77%	2.89
1932 .....	3.60%	8.71%	5.06
1933 .....	3.59%	8.69%	5.37
1934 .....	3.49%	8.67%	2.88
1935 .....	3.47%	8.73%	2.64
1936 .....	3.55%	8.75%	7.77

In addition to the above 38 "Appeal to Cow" samples have been taken during the course of the year and of these 22 conformed to the requirements of the Sale of Milk Regulations, but 16 failed to satisfy the necessary standard.

Two samples of Separated Milk were taken for analysis during the year of which one was found to be genuine but the other contained 38.28% of added water.

Both of the Cream samples were genuine, free from preservatives and contained a satisfactory percentage of milk fat.

Of the Butter samples, 24 in number, 23 were genuine and of excellent quality, but one sample contained 17.86% of water which was in excess of the maximum of 16% permitted.

The two samples of Cheese were genuine and free from any trace of metallic contamination.

The 16 samples of Lard were found in every instance to be composed of genuine pig fat of satisfactory quality and free from rancidity and from added water, whilst the Lard Substitute was of perfectly wholesome composition.

The three samples of Margarine were of satisfactory composition free



from preservatives and from excessive moisture, and the sample of Beef Suet was also perfectly genuine and of good quality.

The Sugar samples, four in number, consisted of highly refined cane sugar free from any trace of deleterious ingredients, and the sample of Honey was genuine and free from added sugar.

The samples of Flour, of which nine were submitted, were all of high grade, and it is satisfactory to report that the Rice samples were in every case free from any trace of "Facing" material.

The samples of Tapioca and Pearl Barley were also genuine, and the samples of Custard Powder, Blancmange Powder, Sponge Mixture and Egg Substitute Powder were of satisfactory composition and free from any deleterious ingredient.

Five samples of Baking Powder were purchased during the year of which three were satisfactory but the remaining two had undergone marked deterioration through prolonged storage and contained only very small amounts of available carbon dioxide.

The samples of Raisins and Sultanas were free from excessive amounts of sulphur dioxide and the various flavouring essences were true to description and contained nothing of an objectionable nature.

The samples of Pepper, Mustard Compound, Spices and Nutmeg were in every case genuine and of excellent quality, while the Malt Vinegar samples were also genuine and of satisfactory strength.

The Cocoa samples were free from excessive husk and from metallic contamination, the Coffee sample contained no added chicory and the Tea was free from dust and sweepings.

Twenty-eight samples of drugs and pharmacopoeial preparations have been analysed during the year and all of these have been found to be of a satisfactory degree of purity and free from any contamination of an undesirable nature.

The samples of Potted Meat, Sausage, and Fish Paste, were of satisfactory composition and free from preservatives whilst the samples of Tinned Fish were in good condition and free from metallic contamination.

The remaining samples submitted during the year call for no comment, so that of a total of 1,086 articles analysed, 77 were found to be adulterated, this number amounting to 7.09% of the total".

## NUMBER OF SAMPLES FOUND TO BE ADULTERATED.

District	Milk.	Skimmed Milk	Butter	Milk appeal to cow	Glycerine	Baking Powder	Totals.
<b>URBAN:</b>							
Abercarn ... ..	—	—	—	—	1	—	1
Abergavenny ... ..	3	1	—	—	—	—	4
Abertillery ... ..	2	—	—	—	—	—	2
Bedwas and Machen ... ..	—	—	—	—	—	—	—
Bedwellty ... ..	7	—	—	—	—	—	7
Blaenavon ... ..	11	—	—	3	—	—	14
Caerleon ... ..	—	—	—	—	—	—	—
Chepstow ... ..	—	—	—	—	—	—	—
Cwmbran ... ..	—	—	—	—	—	—	—
Ebbw Vale ... ..	10	—	—	—	—	—	10
Monmouth ... ..	13	—	—	2	—	—	15
Mynyddislwyn ... ..	—	—	—	—	—	—	—
Nantyglo and Blaina ... ..	—	—	—	2	—	—	—
Pontypool ... ..	12	—	—	—	—	—	14
Rhymney ... ..	1	—	—	—	—	—	1
Risca ... ..	—	—	—	—	—	—	—
Tredegar ... ..	1	—	—	—	—	—	1
Usk ... ..	10	—	1	3	—	—	14
<b>RURAL:</b>							
Abergavenny ... ..	—	—	—	—	—	—	—
Chepstow ... ..	4	—	—	—	—	2	6
Magor and St. Mellons ... ..	6	—	—	—	—	—	6
Monmouth ... ..	—	—	—	—	—	—	—
Pontypool ... ..	—	—	—	—	—	—	—
Totals ... ..	80	1	1	10	1	2	95

The following schedule gives details of the samples taken for analysis, and in which action was taken, arranged according to the respective districts :-

District in which sample was taken.	Nature of Sample.	Extent of adulteration, etc of sample.	Action taken.
<b>URBAN:</b>			
Abercarn ...	Glycerine	Glycerine 77%; Water 23%	Informal sample; last of stock.
Abergavenny ...	Milk	29.33% Deficient in fat ...	Ordered to pay £3/7/0 Costs.
"	"	36.82% Added Water ...	
"	"	46.12% Added Water ...	Fined £21/0/0, including Costs.
"	"	38.28% Added Water ...	
Abertillery ...	"	Deficient in Fat 18.67% ...	Caution by Clerk. Re-sample in course of delivery. See cases marked † below.
"	"	Deficient in Fat 10.67% ...	
Bedwellty ...	"	Deficient in Fat 4.00% ...	† Written to by Clerk.
"	"	Deficient in Fat 12.33% ...	
"	"	Deficient in Fat 4.00% ...	‡ "Appeal to Cow." Special circumstances.
"	"	Deficient in Fat 23.00% ...	
"	"	Deficient in Fat 14.67% ...	Written to by Clerk.
"	"	Deficient in Fat 11.67% ...	Fined £2/0/0.
"	"	Deficient in Fat 2.00% ...	Fined £2/0/0.
			Repeat of previous sample. Dismissed.
Blaenvaon ...	"	Deficient in Fat 15.67% ...	Fined £1/1/0, including costs.
"	"	Deficient in Fat 15.33% ...	Fined £1/1/0, including costs.
"	"	Deficient in Fat 27.00% ...	
"	"	Deficient in Fat 49.67 ...	
"	"	Deficient in Fat 11.00% ...	
"	"	Deficient in Fat 4.67% ...	
"	"	Deficient in Fat and Solids not Fat (Abnormal) ...	Cautioned.
"	"	Deficient in Fat and Solids not Fat (Abnormal) ...	
"	"	Deficient in Fat 10.33% ...	do.
"	"	Deficient in Fat 9.00% ...	do.
"	"	Deficient in Fat 8.33% ...	do.
		Three "Appcal to Cow" above 5 cases proved to be	samples taken in the of abnormal composition.

District in which sample was taken.	Nature of Sample.	Extent of adulteration, etc. of sample.	Action taken.
Ebbw Vale ...	Milk	Added water 9.65%	{ Proceedings taken against producer on results of analysis of samples taken "In course of delivery". (See cases marked * below.)
"	"	Added water 5.06%	
"	"	Added water 26.00%	{ Proceedings taken against producer on results of analysis of samples taken "In course of delivery". (See cases marked † below.)
"	"	Added water 26.83%	
"	"	Deficient in Fat 4%	{ Cautioned by Clerk. † Producer fined £10 each sample, and £5 costs. Total £25.
"	"	Added water 28.24%	
"	"	Added water 22.00%	{ *Cases dismissed. Accepted by Magistrates as "Border-line" Cases.
"	"	Added water 5.18%	
"	"	Added water 6.24%	{ Probation of Offenders Act. Costs £2.
"	"	Deficient in Fat 17.00%	
Monmouth ...	"	Deficient in Fat 6.67%	Cautioned.
"	"	Abnormal	'Appeal to Cow' resample of previous sample.
"	"	Deficient in Fat 1.67%	Cautioned.
"	"	Added water 5.18%	Cautioned.
"	"	Deficient in Fat 7.00%	Fined £1/0/6, including Costs.
"	"	Deficient in Fat 10.00%	Fined £1/0/6, including Costs.
"	"	Deficient in Fat 9.67%	Fined £1/11/0, including Costs.
"	"	Deficient in Fat 2.33%	Cautioned.
"	"	Deficient in Fat 2.67%	Fined £1/0/6, including Costs.
"	"	Deficient in Fat 13.33%	Fined £1/0/6, including Costs.
"	"	Deficient in Fat 14.33%	Fined £1/11/0, including Costs.
"	"	Deficient in Fat 19.33%	Fined £2/1/0, including Costs.
"	"	Deficient in Fat 11.67%	Dismissed.
"	"	Deficient in Fat 12.33%	Fined £1/15/6, including Costs.
"	"	Abnormal	'Appeal to Cow' resample of previous sample.
Pontypool ...	"	Added water 6.47%	Case Dismissed.
"	"	Added water 6.24%	Case Dismissed.
"	"	Added water 7.53%	Ordered to pay £5/0/0 Costs.

District in which sample was taken.	Nature of Sample.	Extent of adulteration, etc. of sample.	Action taken.
<b>Pontypool</b>	<b>Milk</b>	Deficient in Fat 6.00%	Cautioned.
"	"	Deficient in Fat 4.33%	Cautioned.
"	"	Deficient in Fat 24.00%	Fined £1/0/0.
"	"	Deficient in Fat 16.33%	Fined £1/0/0.
"	"	Deficient in Fat 12.33%	Ordered to pay £1/1/0 Costs.
"	"	Added water 17.29%	} Ordered to pay £3/3/0 Costs.
"	"	Added water 3.53%	
"	"	Added water 3.88%	Resample.
"	"	Added water 5.41%	Resample.
"	"	Deficient in Solids	"Appeal to Cow."
"	"	Deficient in Fats	"Appeal to Cow."
<b>Rhymney</b> ...	"	Deficient in Fat 21.33%	Probation of Offenders Act. Costs £1/1/0.
<b>Tredegar</b> ...	"	Deficient in Fat 5.33%	"Appeal to Cow." Repeat of previous sample.
<b>Usk</b> ...	"	Deficient in Fat 21.00%	Fined £1/0/0.
"	"	Deficient in Fat 13.67%	Cautioned.
"	"	Deficient in Fat 20.00%	"Appeal to Cow." Repeat of previous sample.
"	"	Sample abnormal	Fined £2/0/0.
"	"	Deficient in Fat 12.33%	Dismissed.
"	"	Deficient in Fat 8.33%	"Appeal to Cow." Repeat of previous sample.
"	"	Sample abnormal	} Fined £2/0/0.
"	"	Deficient in Fat 16.67%	
"	"	Deficient in Fat 55.00%	Milk for Usk College.
"	"	Deficient in Fat 47.33%	} "Appeal to Cow." Repeat of previous sample.
"	"	Deficient in Fat 12.67%	
"	"	Deficient in Fat 8.33%	Cautioned.
"	Butter	Added water 1.18%	Cautioned.
"	"	1.86% Excess of water	Cautioned.
<b>RURAL:</b>			
<b>Chepstow</b>	<b>Milk</b>	Deficient in Fat 30.00%	See "Appeal to Cow" samples.
"	"	Deficient in Fat 22.00%	} "Appeal to Cow" of above sample, written to by Clerk.
"	"	Deficient in Fat 30.33%	
"	"	Added water 8.24%	Cautioned by Clerk.
"	Baking Powder	Total Carbon Dioxide 0.70%	Informal sample.
"	"	Percentage of Carbon Dioxide extremely low; practically valueless.	
"	Baking Powder	Total Carbon Dioxide 0.62%	Formal sample of previous sample. Old stock. Remainder destroyed.
"	"	Available Carbon Dioxide 0.38%	Cautioned by Clerk.
<b>Magor &amp; St. Mellons</b>	<b>Milk</b>	Deficient in Fat 11.33%	} See "Appeal to Cow" sample below.
"	"	Deficient in Fat 8.33%	
"	"	Deficient in Fat 7.33%	"Appeal to Cow" of above two samples. Written to by Clerk.
"	"	Deficient in Fat 12.67%	} See "Appeal to Cow" sample below.
"	"	Deficient in Fat 8.33%	
"	"	Deficient in Fat 10.67%	"Appeal to Cow" of above two samples. Written to by Clerk.



## **CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.**

Full details in connection with the above will be found under the heading "Laboratory Facilities" and "Adulteration, etc.," in this Report.

## **NUTRITION.**

During the year 1931 a Special Enquiry into the state of nutrition of school children in Monmouthshire was made, and a full and comprehensive report upon the results of this Enquiry is given, together with Charts, etc., as an Appendix to the County Education Report for the year 1931. A further special enquiry was made during the year 1934, and an enquiry was also made with regard to pupils attending the Junior Instructional Centres. Detailed reports upon these investigations are given in the County Education Report for the year 1934. The service for the provision of infant foods, etc., is dealt with in detail in the County Maternity and Child Welfare Report for 1937.

## **PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.**

### **ISOLATION HOSPITALS.**

The position as regards Isolation Hospitals within the Administrative County of Monmouth has been commented upon in these reports for a number of years. No additional facilities were available during the year 1937, the position remaining much the same as in the previous year. Under Section 63 of the Local Government Act, 1929, it is the duty of the County Council as soon as may be after the commencement of the Act to make a survey of the hospital accommodation for the treatment of infectious diseases in the County.

At a Special Meeting of the County Public Health Committee, held on the 22nd July, 1932, a Special Report upon the Provision of Isolation Hospital Facilities was submitted and was the detailed report on the survey by the County Medical Officer of Health and the Provisional Scheme of the County Council.

The report is based on a general survey by the County Medical Officer, accompanied by the County Sanitary Inspector, of the hospital accommodation for infectious diseases in the County as a whole and upon a careful inspection of the Isolation Hospitals, in company with the District Medical Officers of Health, and the District Sanitary Inspectors.

Upon the completion of the survey the County Council prepared, in consultation with the District Councils and other Councils concerned, both within and without the area of the County, a scheme for the provision of adequate hospital accommodation for the treatment of infectious diseases in

the County and which has been submitted to the Minister of Health for his approval. During the year consultations have taken place with the Welsh Board of Health upon the scheme, which is still under discussion. Full details regarding the Scheme will be found in the Annual Report for the year 1932.

### INFECTIOUS DISEASES, 1937.

The seven principal Zymotic Diseases are Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Fever (including Typhus, Enteric, and Continued Fevers), and Diarrhoea (under 2 years).

These diseases caused 75 deaths and gave a Zymotic death-rate of .24 for the County, as compared with a rate of .26 for the year 1936; .34 for the year 1935; .46 for 1934; .36 for 1933; .37 for 1932; .36 for 1931; .30 for 1930; .51 for 1929; .451 for 1928; .377 for 1927; .30 for 1926; .73 for 1925; .38 for 1924; .85 for 1923; .46 for 1922; .94 for 1921; 1.15 for 1920; .61 for 1919; 1.26 for 1918; .96 for 1917; .72 for 1916; 1.05 for 1915; 1.73 for 1914; 1.29 for 1913; 1.86 for 1912; and 2.5 for 1911.

Table showing death rate and attack (notification) rate of Zymotic Diseases in the County of Monmouth during the year 1937.

Population for death rate and attack (notification) rate, 312,300.

Disease	No. of Deaths.	Death Rate per 1000 of population.	No. of notifications.	Attack Rate per 1000 of population.	England & Wales death rate per 1,000 of population
Small Pox ... ..	—	—	—	—	—
Measles (including German Measles) ... ..	17	.05	Not notifiable	—	.02
Scarlet Fever ... ..	1	.003	890	2.84	.01
Diphtheria (including Membranous Croup) ..	14	.04	444	1.42	.07
Whooping Cough ... ..	12	.03	Not notifiable	—	.04
Fever (including Typhus, Enteric and Continued Fevers) ... ..	2	.006	5	.01	.00
Diarrhoea (under 2 years)	25	.08	Not notifiable	—	Not available
Totals ... ..	71	.22	1339	4.28	—

## COMPARISON OF INFECTIOUS DISEASES DEATH RATES IN MONMOUTHSHIRE.

				Measles and German Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid.	Small-pox
Average for years 1907- 1913 inclusive				...	...	...	...	...	...
1914	...	...	...	·43	·07	·92	·13	·09	...
1915	...	...	...	·47	·13	·12	·17	·03	...
1916	...	...	...	·71	·09	·33	·19	·03	...
1917	...	...	...	·04	·06	·21	·12	·04	...
1918	...	...	...	·30	·02	·11	·06	·079	...
1919	...	...	...	·53	·03	·30	·08	·02	...
1920	...	...	...	·003	·06	·28	·07	·03	...
1921	...	...	...	·51	·06	·16	·18	·01	...
1922	...	...	...	·02	·03	·17	·12	·01	...
1923	...	...	...	·03	·02	·17	·11	·01	...
1924	...	...	...	·41	·01	·22	·09	·01	...
1925	...	...	...	·03	·03	·07	·1	·02	...
1926	...	...	...	·20	·02	·21	·1	·02	...
1927	...	...	...	·02	·008	·07	·06	·01	...
1928	...	...	...	·097	·005	·09	·035	·008	008
1929	...	...	...	·11	·002	·11	·055	·013	...
1930	...	...	...	·10	·008	·20	·07	·016	·002
1931	...	...	...	·03	·01	·07	·08	·005	005
1932	...	...	...	·15	·02	·01	·05	·008	...
1933	...	...	...	·05	·05	·07	·09	·002	...
1934	...	...	...	·06	·03	·07	·11	·00	...
1935	...	...	...	·05	·03	·08	·21	·00	...
1936	...	...	...	·08	·01	·05	·10	·00	...
1937	...	...	...	·01	·01	·07	·05	·01	...
1937	...	...	...	·05	·003	·03	·04	·01	...

The following is a summary of the weekly notifications of infectious diseases received during the year from the Local Medical Officers of Health:—

DISTRICTS	Estimated Population, 1937	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Erysipelas.	Puerperal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Puerperal Pyrexia	Acute Polio- myelitis	Cerebro Spinal Fever	Chicken Pox	Malaria	Dysentery	Measles	Acute Polio- Encephalitis	Meningococcal
<b>URBAN.</b>																		
Abercarn	18,750	21	5	1	6	4	...	...	...	1	...	...	...	...	...	...	...	...
Abergavenny	7,959	9	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Abertillery	28,600	118	3	1	5	5	...	...	3	1	...	...	...	...	...	...	...	...
Bedwas and Machen	8,162	16	2	...	13	1	...	...	...	1	...	...	...	...	...	...	...	...
Bedwellty	28,640	43	78	...	39	13	3	...	...	1	...	...	...	...	...	...	...	...
Blaenavon	10,000	15	1	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...
Caerleon	3,347	17	2	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...
Chepstow	4,130	8	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cwmbran	10,950	5	4	...	15	...	...	...	2	1	...	...	...	...	...	...	...	...
Ebbw Vale	29,850	223	50	2	90	29	1	1	7	3	...	4	...	...	1	...	...	...
Monmouth	4,828	5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mynyddislwyn	13,320	19	57	...	2	5	...	...	...	...	...	...	...	...	...	...	...	...
Nantyglo and Blaina	11,800	44	12	...	34	...	...	...	2	4	...	1	...	...	...	...	...	...
Pontypool	40,540	34	149	1	13	3	...	1	2	3	...	...	...	...	...	...	...	...
Rhymney	9,576	15	12	...	7	10	...	...	...	7	...	...	...	...	...	...	...	...
Risca	14,990	119	8	1	29	2	1	...	...	2	...	...	...	...	...	...	...	...
Tredegar	21,140	187	36	...	59	25	...	...	3	4	1	...	...	...	...	...	...	...
Usk	1,218	3	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Totals, Urban	268,100	851	429	6	312	98	5	2	23	32	2	7	1	...	1	...	...	...
<b>RURAL.</b>																		
Abergavenny	8,355	11	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Chepstow	8,566	11	5	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Magor & St. Mellons	16,030	20	3	...	18	...	...	...	...	...	...	...	...	...	...	...	...	1
Monmouth	5,900	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool	5,349	4	7	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...
Totals, Rural	44,200	48	16	...	26	...	...	...	1	...	...	1	...	...	...	...	...	1
Grand Totals	312,300	899	445	6	338	98	5	2	24	32	2	8	1	1	...	...	...	1

The number of cases of infectious diseases removed to Hospitals during the year, was as follows:—

CASES REMOVED TO HOSPITAL													
DISTRICT	Small Pox	Diphtheria	Erysipelas	Scarlet Fever	Tuberculosis	Ophthalmia Neonatorum	Cerebro-Spinal Fever	Acute Poliomyelitis	Enteric Fever	Puerperal Fever	Chicken Pox	Pneumonia	Encephalitis Lethargica
<b>Urban--</b>													
Abercarn ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abergavenny ...	...	...	...	3	...	...	...	...	...	...	...	...	...
Abertillery ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bedwas and Machen ...	...	...	...	4	...	...	...	...	...	...	...	1	...
Bedwellty ...	...	78	...	6	...	...	2	...	...	...	...	...	...
Blaenavon ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Caerleon ...	...	...	...	9	...	...	...	...	...	...	...	...	...
Chepstow ...	...	7	...	10	...	...	...	...	...	...	...	...	...
Cwmbran ...	...	...	...	2	...	...	...	...	...	...	1	...	1
Ebbw Vale ...	...	50	...	...	...	...	4	...	2	...	...	...	...
Monmouth ...	...	...	...	13	...	...	...	...	...	...	...	...	...
Mynyddislwyn ...	...	19	...	1	...	...	1	...	1	...	...	...	1
Nantyglo and Blaina ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pontypool ...	...	43	...	...	...	...	1	...	1	...	1	...	1
Rhymney ...	...	...	...	...	...	...	...	...	...	...	1	...	1
Risca... ..	...	...	...	...	...	...	...	...	...	...	1	...	1
Tredegarr ...	...	66	...	53	...	...	...	...	2	...	...	...	...
Usk ...	...	...	...	1	...	...	...	...	...	...	...	...	...
					<i>See Table later in this Report.</i>								
<b>Rural—</b>													
Abergavenny ...	...	...	...	1	...	...	...	...	...	...	...	...	...
Chepstow ...	...	5	...	11	...	...	...	...	...	...	...	...	...
Magor & St. Mellons ...	...	1	...	9	...	1	...	...	...	...	...	...	...
Monmouth ...	...	3	...	12	...	...	...	...	...	...	...	...	...
Pontypool ...	...	3	...	1	...	...	...	...	...	...	...	...	...
Totals ...	...	275	...	136	...	...	9	...	5	1	...	3	...
												6	...

Included in the Bedwellty figures are cases admitted to the Bedwellty Isolation Hospital from other areas.

The above has been compiled from the returns submitted by the District Medical Officers of Health.



Analysis of the Total Cases and Deaths from Notifiable Diseases according to Age Groups.

Disease	CASES NOTIFIED.											DEATHS.															
	AGE GROUPS.											AGE GROUPS.															
	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages over	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages over	
Diphtheria	...	5	20	18	41	178	117	29	27	9	4	2	450	...	1	...	1	1	3	2	...	1	...	...	...	...	14
Scarlet Fever	...	2	21	48	75	358	224	58	49	15	4	...	953	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	3	1	1	...	5	...	...	...	...	...	...	...	...	1	...	1	...	...	2
Pneumonia	...	20	13	10	17	39	17	21	46	39	70	24	337	27	16	2	6	3	4	3	4	10	10	28	42	155	
Puerperal Fever...	...	...	...	...	...	...	...	1	8	...	...	...	9	...	...	...	...	...	...	...	2	...	...	...	...	2	
Cerebro Spinal Fever	...	1	...	...	...	...	1	2	3	1	...	...	8	...	...	...	...	...	...	...	3	2	...	...	...	5	
Acute Poliomyelitis	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	1	1	2	
Dysentery	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Ophthalmia Neonatorum	32	...	...	...	...	...	...	...	...	...	...	...	32	...	...	...	...	...	...	...	...	...	...	...	...	...	
Puerperal Pyrexia	...	...	...	...	...	...	5	20	5	...	...	...	30	...	...	...	...	...	...	...	1	4	1	...	...	6	
Erysipelas	...	1	...	...	...	1	2	2	18	23	40	17	104	...	...	...	...	...	...	...	...	...	...	...	...	...	
Totals	56	39	78	111	161	576	361	118	174	94	121	43	1932	27	17	2	7	4	12	5	8	20	11	30	43	186	

Particulars respecting Tuberculosis cases will be found later in this report.  
The table has been compiled from returns received from the District Medical Officers of Health.

## SMALL-POX.

The epidemic of Small Pox which commenced in 1927 disappeared entirely towards the end of the year 1931. Particulars respecting the number of cases notified and the action taken generally with regard to the isolation and treatment of the cases discovered has been fully dealt with in the Annual Reports issued since 1927. The "Beeches" Isolation Hospital was closed throughout the year.

## VACCINATION.

Under the Local Government Act, 1929, the functions relating to Vaccination came under the control of the County Council as and from the 1st April, 1930, as one of the functions relating to infant life protection and public health, and which were formerly discharged by the Poor Law Authorities. This has the effect of making it obligatory to discharge vaccination functions under Public Health and not Poor Law powers. Since the transfer of these functions the work has been administered by the County Medical Officer, and all reports relating to Vaccination are submitted to him. According to the instructions of the Registrar-General, the following is a summary of the returns made by the Vaccination Officers relating to children whose births were registered during the year 1936.

	Per cent.
Successfully Vaccinated .....	20.1
Insusceptible of Vaccination .....	.07
Had Small-pox .....	Nil
Declaration of Conscientious Objection received	69.9
Died Unvaccinated .....	4.0
Postponement by Medical Certificate .....	.5
Removal to districts, the Vaccination Officers	
of which have been duly apprised .....	.9
Removal to places unknown .....	2.0
Number of cases not included under any of the	
above-named headings .....	1.8

The Registrar-General asks that the attention of the Council be drawn to the number of children who have not been duly vaccinated or otherwise accounted for as regards Vaccination, viz., 107 or 1.8 per cent., and he desires action to be taken.

From the reports which have been received from the District Medical Officers of Health, it would appear that no primary vaccinations or re-vaccinations have been performed by the Medical Officers of Health under the Public Health (Small Pox) Regulations, 1917.

The following is a return showing the number of persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of Poor Law Institutions and the Public Vaccinators during the year ended 30th September, 1937.

District No.	Name of Poor Law Institution or Vaccination District.	Name of Medical Officer or Public Vaccinator	Number of successful Primary Vaccinations of Persons :—			No. of successful Re-vaccinations i.e., successful Re-vaccinations of persons who had been successfully vaccinated at some previous time.
			Under one year of age.	One year and upwards.	Total.	
		Drs. :—				
1	Christchurch (part) ...	W. H. Reynolds ...	1	...	1	...
3	Abercarn Upper ...	M. Ryan ...	22	...	22	...
4	Abercarn Lower ...	E. M. Griffith ...	5	3	8	2
5	Mynyddislwyn ...	C. G. Mackay ...	30	3	33	...
6	Magor ...	G. R. Strong ...	6	1	7	...
7	Bedwas & Machen ...	C. P. Davies ...	35	1	36	...
8	Rogerstone ...	G. E. Hull ...	22	2	24	...
9	Maesycwmmwr ...	D. Macaulay ...	4	...	4	...
10	Caerleon ...	W. H. Reynolds ...	10	1	11	...
11	Marshfield ...	W. Irwin ...	3	...	3	...
12	Risca ...	N. N. Wade ...	29	7	36	4
13	Llantarnam ...	F. Carlton Jones ...	45	3	48	2
14	Bettws ...	H. A. Keane ...	1	...	1	...
15	St. Mellons ...	H. C. Conwy Joyce ...	18	...	18	...
16	Monmouth ...	W. H. Williams ...	...	Return not sub mitted.	...	...
17	Rockfield ...	W. H. Williams ...	ditto	ditto	ditto	...
19	Trelleck ...	P. G. Harvey ...	2	...	2	...
20	Raglan ...	W. M. Langdon ...	15	...	15	...
21	Skenfrith ...	A. M. Humphry ...	...	...	...	...
22	Chepstow ...	E. W. Hardman ...	13	2	15	1
23	Shirenewton ...	E. W. Hardman ...	4	...	4	1
24	Caldicot ...	Owen T. Jones ...	8	...	8	...
25	Tintern ...	E. W. Hardman ...	1	...	1	...
26	Beaufort & Rassau ...	A. Brook ...	3	1	4	...
27	Dukestown & Llechryd ...	K. S. Thom ...	10	2	12	...
28	Grosmont & Llangua ...	A. M. Humphry ...	2	...	2	...
29	Blaenavon ...	A. H. James ...	9	1	10	2
30	Llanarth ...	W. T. E. Blackmore ...	2	...	2	...
31	Abergavenny ...	O. G. Coldicott ...	44	1	45	...
33	Llanhilleth ...	T. J. Frost ...	9	8	17	1
34	Usk ...	E. L. M. Hackett ...	20	2	22	2
35	Coedygric P.L. Inst. ...	J. Powell Jenkins ...	...	...	...	...
36	Panteg ...	J. Powell Jenkins ...	18	15	33	3
37	Abersychan (North) ...	R. J. S. Verity ...	10	2	12	1
38	Abersychan (Central) ...	J. B. MacQuillan ...	1	7	8	...
39	Pontypool ...	T. J. McAllen ...	11	8	19	4
40	Nantyglo ...	J. H. Verwey ...	5	5	10	1
41	Blaina ...	F. M. Wallen-Gunn ...	5	1	6	1
42	Ebbw Vale, No. 1. ...	F. M. Fonseca ...	63	2	65	2
43	Ebbw Vale, No. 2. ...	J. McCaig ...	16	1	17	...
44	Ebbw Vale, No. 3. ...	A. Franklyn ...	32	...	32	...
45	Tredegar ...	J. G. Owen ...	86	6	92	8
46	Rhymney ...	R. V. de Acton-Redwood ...	101	6	107	1
47	New Tredegar ...	S. R. MacMillan ...	65	4	69	1
48	Abertyswg ...	Ivor Thomas ...	16	3	19	...
49	Abertillery ...	W. F. Mulvey ...	12	8	20	1
50	Argoed & Hollybush ...	T. J. Davies ...	21	4	25	3
51	Aberbargoed & Pengam ...	S. R. MacMillan ...	63	1	64	5
52	Bedwelty P.L.Inst. ...	J. G. Owen ...	33	5	38	...
53	Blackwood ...	D. Macaulay ...	13	5	18	...
		Totals ...	944	121	1065	46

Summary of returns under the Vaccination Acts, 1867—1907, and Vaccination Order, 1930, during the year ended 31st December, 1937:—

Vaccination Officer.	District.	No. of Cases on birth list.	No. of Certs. of Vaccination received	No. of Certs. of postponement.	No. of Conscientious objections.	No. of Cases.	
						Parents removed out of District	Otherwise not found
E. J. Winstone	Abergavenny	227	74	6	120	5	5
	Usk	59	28	3	22	2	2
	Caerlcon	70	22	1	33	...	1
	Trelleck	64	23	4	36	...	1
	Abertillery	320	20	2	289	3	2
	Blaina	77	4	...	68	...	...
	Nantyglo	119	8	1	96	2	1
	Ebbw Vale	479	118	7	320	3	11
	Rhymney	472	218	6	209	11	22
	Tredeggar	615	194	2	331	7	11
	Llanhilleth	140	16	1	124	2	3
	Pontypool	489	32	5	408	1	12
	Panteg	202	31	1	168	...	6
	Monmouth	75	23	1	40	...	2
	Chepstow	184	18	5	86	1	3
J. Morgan E. Rowland	Llantarnam	97	46	...	57	1	...
	Rogerstone	329	93	7	257	1	4
	Blaenavon	132	16	...	102	...	...
	Mynydd'lwyn	633	77	11	497	34	...
Totals	...	4783	1061	63	3263	73	86

### SCARLET FEVER.

There has been an increase in the number of cases of Scarlet Fever during the year, 890 cases being notified, as compared with 841 in 1936; 867 in 1935; 1,253 in 1934; 1,580 in 1933; 1,513 in 1932; 1,323 in 1931; and 949 in 1930. In 1937 there was 1 death; in 1936, 5 deaths; in 1935, 6 deaths; in 1934, 11 deaths; in 1933, 11 deaths; in 1932, 20 deaths; in 1931, 9 deaths; and in 1930, 5 deaths. Immediately upon receipt of a notification the Sanitary Inspectors of the County visit the case and issue instructions to the person in charge regarding isolation and treatment. Enquiries are also made as to the possible source of infection, and the sanitary conditions of the houses are investigated. At the termination of the case the house, bedding, etc., is thoroughly disinfected. Disinfectants are supplied to the home during the period of infection. Extreme difficulty is experienced in dealing effectively with Scarlet Fever owing to the inadequate isolation hospital accommodation. It is, however, hoped that in the near future, a general scheme for the whole of the County will be put into operation, with the probable effect of checking the spread of infection. The "Dick" test does not appear to have been carried out in any of the Districts of the County.



## DIPHTHERIA.

The number of cases of Diphtheria notified during the year 1937 was 444, which is an increase compared with the figure for the previous year, when the number was 362. During 1935, 438 cases were notified; in 1934, 835 cases; in 1933, 459 cases; in 1932, 478 cases; in 1931, 455 cases; and in 1930, 455 cases. The number of deaths recorded in 1937 was 14; in 1936, 19; in 1935, 34; in 1934, 74; in 1933, 40; in 1932, 33; in 1931, 23; and in 1930, 29. Examination of swabs taken from the nose and throat of children attending school is carried out for the purpose of discovering "carriers." These examinations are conducted at the County Laboratory, Newport, by the County Pathologist, Dr. Gwyn Rocyn Jones, and all "carriers" found are excluded from school. In most of the districts provision is made for the free supply of anti-toxin and can be obtained by the medical practitioners either from the Local Medical Officer of Health or from the Sanitary Inspector. Where possible cases of Diphtheria are isolated and treated in isolation hospitals, but as this provision is inadequate all the cases cannot be removed. The cases are regularly visited by the District Sanitary Inspectors, disinfectants are supplied, and observations made. At the termination of the case the premises are disinfected thoroughly. Where the local authority has the necessary facilities the bedding and clothing are removed for disinfection by means of a disinfecting apparatus. There are not many districts in the County in possession of a steam disinfecter. The County Laboratory was called upon to deal with a considerable number of Swabs and during the year 1937, 10,345 swabs were examined. The attention of the general practitioners in some districts has been called by the District Medical Officers to the facilities provided by the Monmouthshire County Council for bacteriological confirmation of this disease free of charge. Special investigations have been made among the school and pre-school children of certain districts where there were outbreaks of Diphtheria during the years 1933 and 1934. Full and detailed reports, together with the results of the "Schick" testing of the children in these areas will be found in the Education Reports for this County for the years 1933 and 1934. A full report upon immunisation is given in a joint address delivered by Dr. W. R. Nash, Medical Officer of Health, Caerphilly U.D.C., and Dr. W. Panes, Assistant Medical Officer to this County, and which appeared in full in the Education Report for this County for the year 1936. That there can be no doubt as to the success of the immunisation campaign in this County is demonstrated in the reports of the Medical Officers of Health for the districts which have accepted the facilities for immunisation offered by the County Council, and which are also included in the Education Report for the year 1936. As yet these facilities have only been extended to children of school age and it is felt that the work will not be complete until the same protection is given to children of pre-school age and active immunisation established as a permanent public health service. (See also Appendix V.).



### **ENTERIC FEVER.**

Five cases of Enteric Fever were notified in the year 1937. In 1936 there were 21 cases; in 1935, 18; in 1934, 3; in 1933, 2; in 1932, 1; in 1931, 16; and in 1930, 19. Two deaths were recorded in the year 1937. There was one death during 1932. In 1931 there were 3 deaths, and in 1929, 6 deaths. The cases notified to the County Medical Officer occurred in the Abercarn, Abertillery, Ebbw Vale and Pontypool Urban Districts. Immediately upon receipt of a notification the case is visited by the District Sanitary Inspector, and instructions are given for the removal of the case to an Isolation Hospital. In addition, every effort is made to trace the source of infection. Samples of water are collected by the County Sanitary Inspector, and are examined at the County Laboratory, Newport, by the County Pathologist.

### **ERYSIPELAS.**

There were 101 cases of Erysipelas notified during the year 1937, as compared with 77 cases in the year 1936; 93 in 1935; 128 in 1934; 128 in 1933; 92 in 1932; 90 in 1931; and 112 in 1930. The disease was fairly evenly spread throughout the County.

### **PUERPERAL FEVER AND PUERPERAL PYREXIA.**

During the year 1937, notifications of 5 cases of puerperal fever and 32 cases of Puerperal Pyrexia were received under the Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, from the District Medical Officers of Health. The number of notified cases of Puerperal Fever relate to the first thirty-nine weeks of the year only. Cases occurring afterwards are classed as Puerperal Pyrexia and included accordingly. These notifications were received from the following urban districts: Abergavenny, 1; Abertillery, 1; Bedwas and Machen, 2; Bedwellty, 5; Caerleon, 1; Cwmbran, 1; Ebbw Vale, 4; Mynyddislwyn, 4; Nantyglo and Blaina, 3; Pontypool, 7; Rhymney, 1; Risca, 3; and Tredegar, 4. Twenty-two deaths were registered. The cases of Puerperal Fever and Puerperal Pyrexia investigated by the County Midwives' Inspectresses showed that all cases were attended by registered midwives. All cases are followed up by the Inspectresses of Midwives. Every precaution possible is taken to prevent the spread of infection. A visit of inspection is made immediately on receipt of the notification, and the midwife is prohibited from attending other cases until she has left the infected case and has allowed 24 hours to elapse for thorough disinfection of herself, her instruments and her clothing. If the midwife is practising independently compensation is paid to her for any case which she may lose through this suspension. On the 1st October, 1926, puerperal pyrexia became a notifiable disease in addition to puerperal fever. Puerperal pyrexia is defined as any febrile condition (apart from puerperal fever) occurring in a woman within 21 days after childbirth in which a temperature of 100·4 degrees Fahr. or more has been sustained during a period of 24 hours. From the 1st October, 1937, all

such cases where high temperatures were maintained became notifiable as Puerperal Pyrexia, the term "Puerperal Fever" being discarded. A scheme for the provision of facilities for diagnosis and treatment of cases is in operation. Under the scheme the services of Dr. G. I. Strachan, M.D., F.R.C.S., of Cardiff, have been retained as consultant obstetrician, and his services have been requisitioned frequently by the medical practitioner in attendance upon the case. Cases requiring hospital treatment are sent to an Infectious Diseases Hospital and any necessary bacteriological examination is made by Dr. Gwyn Rocyn Jones, County Bacteriologist, at the County Laboratory, Newport.

### **INFANTILE DIARRHOEA.**

Thirty-three cases of this disease were discovered during visits to homes as against 10 cases in the year 1936. Twenty-five deaths were registered in children under two years of age giving a death rate of 5·1 per 1,000 births, as compared with 4·1 for the year 1936. All cases of which the Health Visitor has knowledge are visited, but it is obvious that very many cases do not come to her notice. This disease is not notifiable. During the years preceding the introduction of the County Maternity and Child Welfare Scheme the death-rate averaged 11·0 per 1,000 births. The average rate for the past 15 years, which includes one very hot summer when the rate was 17·2, has been 6 per 1,000 births. It will be observed that the rate for 1937 is still below that average. The reduction in the rate in recent years is considerably below that average. The reduction in the rate in recent years is undoubtedly due to the greater care which is now observed in the feeding of infants and the measures taken by the Council to ensure a clean milk supply. The infective type of the disease is essentially one of the summer months and it varies in intensity according to the type of summer, many more cases occurring in really warm weather. During these months, the mothers attending the County Maternity and Child Welfare Centres are warned of the measures necessary to prevent the disease, and printed instructions to mothers in regard to these diseases are distributed by the Health Visitors at homes when cases are discovered.

### **ENCEPHALITIS LETHARGICA.**

Two cases of Encephalitis Lethargica were notified during the year 1937. 1 case was notified in 1934; 5 in 1933; 3 in 1932; 8 in 1931; and 9 in 1930. The number of deaths recorded in 1937 was 6, compared with 1 in 1936; 2 in 1935; 2 in 1934; 6 in 1933; 5 in 1932; 8 in 1931; and 15 in 1930.

### **OPHTHALMIA NEONATORUM.**

Twenty-four cases were notified under the Public Health (Ophthalmia Neonatorum) Regulations, as compared with 15 cases in the year 1936 and 23 cases in the year 1935. These cases, together with other cases of eye trouble reported by the midwives, making a total of 145 cases, were followed up by the Health Visitors, who paid 281 re-visits to them. Since the 1st January, 1921,

the Midwives practising within the Administrative County have been supplied with bottles of Collosol Argentum, with which they are instructed to treat the eyes of all children at birth. The supply is renewed upon application to the County Maternity and Child Welfare Centres. There is no doubt that these precautionary measures have succeeded in greatly reducing the incidence of blindness due to gonococcal infection, for rarely in recent years is there blindness from this cause. The County Health Visitors are assiduous in their following up of infected cases. Medical treatment is urged for the slightest case, and frequent visits are paid to see that the mothers are properly attending the eyes of the infants. The Venereal Diseases Inquiry Officer also follows up cases suspected of gonococcal infection, with a view to attendance at the Clinic.

Cases			Vision Unimpaired	Vision Impaired	Total Blindness	Removed from District
Notified	Treated					
	at Home	in Hospital				
24	18	6	23	—	—	1

#### **CEREBRO SPINAL FEVER AND ACUTE POLIOMYELITIS.**

Eight cases of Cerebro-Spinal Fever were notified to the County Medical Officer during the year 1937. No cases of Acute Poliomyelitis was notified. Five cases of Cerebro-Spinal Fever and one case of Acute Poliomyelitis were notified during the year 1936. The Cerebro-Spinal Fever cases were notified from the following Districts: Bedwellty, Ebbw Vale and Mynyddislwyn, Urban; and Pontypool, Rural.

#### **CHICKEN POX.**

One case of Chicken Pox was notified during 1937. The disease is not compulsorily notifiable.

#### **MEASLES.**

There was an increase in the number of deaths from Measles during the year 1937, 17 as compared with 4 in the previous year. The disease was fairly evenly spread throughout the County. Measles is not a notifiable disease, and therefore, difficulty is experienced in obtaining satisfactory records as to the extent of the disease. A large proportion of the cases is brought to the notice of the public health authorities by the Health Visitors and Attendance Officers when visiting the homes.

#### **WHOOPIING COUGH.**

This disease is also not notifiable and it is again difficult to obtain satisfactory information regarding the number of infected persons. There were 12 deaths in 1937 as compared with 26 in 1936.

## INFLUENZA.

As in the case of Whooping Cough and Measles, very little information of a satisfactory nature can be obtained regarding the number of persons attacked. The number of deaths recorded in 1937 was 115 as compared with 63 in 1936.

## PUBLIC HEALTH (PNEUMONIA, MALARIA, DYSENTERY, ETC.,) REGULATIONS.

336 cases of Pneumonia were notified during the year 1937, as compared with 255 in 1936. There were 191 deaths registered in 1937 and 203 in 1936. The notification of this disease is by no means satisfactory, and the figures relating to the number of notifications is no indication of the number of persons who actually suffered from the disease. The attention of the medical practitioners of the County is continually being brought to their duties under these Regulations. No cases of Malaria were notified but there was 1 case of Dysentery.

## ANTHRAX.

There were no cases of Anthrax notified during the year 1937.

## CANCER.

The number of deaths from Cancer recorded during the year 1937 was 345, which shows a decrease upon the figure for 1936 (433). In 1935 there were 422 deaths; in 1934, 397 deaths; in 1933, 379 deaths; in 1932, 352 deaths; in 1931, 394 deaths; and in 1930, 374 deaths. As in previous years practically the whole of the deaths occurred in persons between the ages of 45 and 65 and upwards. Deaths from Cancer in the various age groups are shown in the table opposite page 4.

## FACILITIES FOR THE DIAGNOSIS AND TREATMENT OF CANCER IN MONMOUTHSHIRE.

### 1. Facilities provided by the local authority :—

- (a) *Diagnosis.*—The County Laboratory is available to all Practitioners in the County for diagnostic purposes. Microscopic examination of tissues, bio-chemical tests, blood counts, etc., are among tests done.
- (b) The hospitals at Ty Bryn and Coedygric are available for the nursing of patients suffering from Cancer. A Consulting Surgeon visits Ty Bryn, while from both hospitals cases are referred to Cardiff Royal Infirmary for radium treatment.

### 2. Facilities provided by Voluntary Hospitals in the County are shown in the following table :



Hospital.	Admit Cancer Patients.	X-Ray or Radium for Treatment.	X-Ray for Diagnosis.	Specialist for Diagnosis (Out-Patient).
Rhymney ...	No	—	—	All cases referred to Cardiff.
Abertysswg ...	Yes	—	—	Yes
Aberbargoed ...	No	—	—	All cases referred to Cardiff.
Blaina ...	Yes	—	—	—
Pontypool ...	Yes (certain cases)	Radium (loan)	Yes	—
Monmouth ...	Yes	—	—	—
Abergavenny ...	Yes	—	—	Yes
Ebbw Vale ...	Yes	Yes	—	Yes
Oakdale ...	No	—	—	Yes

3. Hospitals taking Cancer patients for radium and other treatment from the County :

- (a) Cardiff Royal Infirmary.
- (b) Newport Royal Gwent Hospital.

In many parts of the County there are contributing schemes to these hospitals, so that the facilities of these institutions are available to the inhabitants of the County. Churches in the County take part in the Hospital Sunday Collections, so that Out and In Patient tickets are obtainable in most districts.

4. It is proposed to adopt the following scheme for facilitating diagnosis and treatment of Cancer in the County :—

- (a) Circularise Practitioners to ascertain if there are any patients who are unable to obtain hospital Out-patient Tickets for diagnostic purposes or, if necessary, appropriate treatment.
- (b) *Education of the Public.*—The County Medical Officer to provide posters and leaflets pointing out the advisability of seeking the Doctor's advice immediately, when certain symptoms appear. These can be displayed (with permission) in Doctors' surgeries and County Clinics. Occasional notices in local papers, cinemas and places of worship to help reach most of the inhabitants of the County.

## RATS, ETC.

Most of the districts have made arrangements for the destruction of rats, etc., upon their property. The refuse tips in some of the areas, it is reported, are infested with rats, and extensive baiting has been applied. As the condemned foodstuffs are usually buried at these tips, rats and other pests make



the tips their breeding grounds. Until some other method for the disposal of refuse, condemned foodstuffs, etc., is adopted, in the form of refuse destructors, it is necessary that strict supervision shall be maintained and the destruction of rats, etc., continued.

## **DISINFECTION.**

**SCHOOLS.**—On the outbreak of an infectious disease in a district and the schools being closed in consequence, the County Sanitary Inspector disinfects all the departments in the schools. A suitable solution of disinfectant is used and the method adopted is that of spraying, a MacKenzie Spray being found to be the most suitable apparatus for this work. It has also been found necessary in some instances to fumigate parts of the school premises.

**ROOMS, Etc.**—Where a case of infectious disease has been isolated in, or removed from a home, the District Sanitary Inspector disinfects the premises. The methods generally adopted are by gaseous or liquid disinfectants, and sometimes both are used in conjunction.

**BEDDING, CLOTHES, Etc.**—As already stated, very few of the Councils in the County have the proper facilities for the disinfection of these articles. Some of the districts have made arrangements with an Authority which is in possession of a steam disinfecter. It is noted that some of the District Medical Officers have recommended to their Councils the advisability of providing steam disinfecting apparatus for their areas. As it is obvious that disinfection of beddings and clothes by steam is the most thorough, it is hoped that the Councils concerned will provide the necessary machines. Disinfectants, both liquid and powder are still available in the districts to the persons responsible for the care of patients suffering from infectious disease.

## **PREVENTION OF BLINDNESS.**

Arrangements are made under the Section of the Public Health (Amendment) Act, 1925, for the examination of persons with a view to the prevention of blindness, and assistance is granted by the appropriate Committee of the County Council. Spectacles are provided upon the recommendation of the Ophthalmic Surgeon, and arrangements are made, where necessary, for operations to be performed, also the treatment in hospital of persons ordinarily resident within the County and suffering from any disease of, or injury to the eyes.

## **TUBERCULOSIS.**

Under the Tuberculosis Regulations (1930), and in the year 1937, 296 cases of Pulmonary Tuberculosis were notified and 205 deaths were registered. Of other forms of Tuberculosis, 110 cases were notified and 42 deaths registered.

The total number of notifications received during the year was 337 Pulmonary and 112 Non-Pulmonary Tuberculosis, of which 41 and 2 respectively were duplicates. Cases are sometimes notified to the District Medical Officers of Health by the patient's Medical Attendant, and also by the Tuberculosis Physician during the same week.

As stated in previous reports, arrangements have been made with the District Registrars to supply to the County Medical Officer, particulars of all deaths from Tuberculosis. These cases were again compared with the cases notified by the District Medical Officers of Health, and when it was found that a death registered by the District Registrar had not been notified by the District Medical Officer of Health, it was included in the special return of new cases coming to the knowledge of the Medical Officer of Health otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

There are still some District Medical Officers of Health who are not furnishing the Department with particulars of cases of Tuberculosis in spite of repeated efforts by the County Sanitary Inspector.

It will be observed from the table included below that there is a slight increase in the notification rates for Pulmonary Tuberculosis and also an increase in the notification rates for Non-Pulmonary Tuberculosis. The high notification rates can be attributed to the efforts of the Public Health Department in obtaining, as far as possible, correct records of Tuberculosis cases occurring in the districts from the District Medical Officers of Health.

Regarding the death rates from Pulmonary and Non-Pulmonary Tuberculosis, there has been an increase in the rate for Pulmonary cases while the rate for Non-Pulmonary cases shows a slight decrease.

The following table giving the notification rates and death rates per 1,000 of the estimated population is submitted for the purpose of comparison:—

Year.	Notification rate per 1,000 of population.		Death rate per 1,000 of population.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1923 ...	1·18	·51	·65	·21
1924 ...	·93	·29	·68	·2
1925 ...	·90	·35	·69	·18
1926 ...	1·07	·44	·57	·17
1927 ...	·93	·42	·61	·19
1928 ...	1·27	·49	·73	·179
1929 ...	1·22	·41	·65	·15
1930 ...	1·03	·46	·66	·18
1931 ...	1·15	·43	·70	·15
1932 ...	1·35	·57	·65	·16
1933 ...	1·16	·41	·69	·15
1934 ...	·89	·36	·66	·13
1935 ...	1·03	·32	·68	·14
1936 ...	·80	·30	·57	·14
1937 ...	·94	·35	·65	·13

Summary of notifications by District Medical Officers of Health to the County Medical Officer, under the Public Health (Tuberculosis) Regulations 1930, during the period 1st January, 1937, to the 31st December, 1937, with the number of Deaths notified by the Registrar General.

Age Periods	Primary Notifications on Form A					Age Periods.	DEATHS.				
	Pulmonary.		Non-Pulmonary.				Pulmonary.		Non-Pulmonary		
	Males.	Females.	Males.	Females.	Total.		Males.	Females.	Males.	Females.	Total
0	1	1	1	2	5	0	—	—	1	3	4
1	1	—	6	8	15	1	1	—	2	—	3
5	1	8	8	10	27	2	1	—	2	3	6
10	8	7	10	10	35	5	1	5	4	3	13
15	23	34	15	8	80	15	25	35	8	5	73
20	20	37	7	3	67	25	26	39	4	1	70
25	35	36	5	4	80	35	13	13	—	1	27
35	18	19	5	4	46	45	18	6	1	—	25
45	18	8	1	1	28	55	12	5	4	—	21
55	16	3	—	1	20	65	4	1	—	—	5
65 and Upwards	2	—	1	—	3	75	—	—	—	—	—
	143	153	59	51	406		101	104	26	16	247

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period 1st January, 1937, to the 31st December, 1937, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

Age Periods.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Pulmonary Males	—	2	1	—	3	1	—	1	2	—	—	10
Pulmonary Females	—	1	—	—	2	2	4	1	1	—	1	12
Non-Pulmonary Males	—	1	—	1	—	—	1	—	—	2	—	5
Non-Pulmonary Females	—	—	1	—	—	—	—	—	—	—	—	1

Source of above Information.	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns { from local Registrars ... ..	21	6
Posthumous notifications { transferable deaths from Registrar-General ... ..	—	—
" Transfers " from other areas (other than transferable deaths) ... ..	1	—
Other Sources if any ... ..	—	—

From the above it will be seen that 27 non-notified deaths (10.9 per cent.) from Tuberculosis were discovered through examination of the death returns received from the District Registrars.

The following is a summary of the cases of Tuberculosis remaining on the Registers of Notifications, kept by the District Medical Officers of Health in the County, at the end of each year (1929—37), which has been compiled from the returns submitted by the District Medical Officers of Health in accordance with the requirements of the Public Health (Tuberculosis) Regulations, 1930:—

Year.	Pulmonary.			Non-Pulmonary.			Total Cases.
	Males.	Females	Total.	Males.	Females	Total.	
1929	1030	1025	2055	459	407	866	2921
1930	1085	1080	2165	521	432	953	3118
1931	1194	1072	2266	562	487	1049	3315
1932	1172	1066	2238	565	498	1063	3301
1933	1223	1131	2354	598	527	1125	3479
1934	1182	1106	2288	596	518	1114	3402
1935	1136	910	2046	851	514	1365	3411
1936	1151	1151	2302	650	528	1178	3480
1937	1090	866	1956	843	486	1329	3285

No. of Cases removed from the Registers during the year by reason <i>inter alia</i> of:—	Pulmonary.			Non-Pulmonary.			Total Cases.
	M.	F.	Total.	M.	F.	Total.	
1.—Withdrawal of notification ... ..	3	2	5	3	1	4	9
2.—Recovery from the disease ... ..	45	26	71	46	43	89	160
3.—Death ... ..	88	94	182	18	17	35	217
4.—Left district permanently ... ..	45	54	99	13	33	46	145

In the Report for the year 1931, it was pointed out that the Ministry of Health were seriously concerned at the discrepancies discovered in the above summary for that year. In their quarterly returns to the County Medical Officer of Health under the Public Health (Tuberculosis Regulations), 1930, District Medical Officers of Health should include particulars of all cases removed from the Tuberculosis Registers with the reasons therefor. The Ministry pointed out that there was a great difference between the number of cases removed from the Register by death in 1931, and the number of deaths recorded by the Registrar-General for the same year. It was obvious, therefore, that some Dis-



strict Medical Officers of Health were not properly keeping their Notification Registers, and to make a correct return, the District Registers must be compared with the quarterly death returns which are received by the District Medical Officers of Health.

Several of the District Medical Officers were interviewed by the County Sanitary Inspector during the year 1932, and their Registers examined. It was found in the majority of instances that co-operation between the Tuberculosis Physician and the District Medical Officers of Health had been the means of improving the keeping of these Registers.

A marked improvement was noticed during the year 1932, but the 1933 figures were again inaccurate. In 1934, 273 deaths from tuberculosis were recorded by the Registrar-General and 264 cases removed from the Registers by the District Medical Officers.

The figures for the year 1935 are 270 deaths from tuberculosis recorded by the Registrar-General, and 249 cases removed from the Registers by the District Medical Officers.

There was again a wide discrepancy in the figures for 1936, 229 deaths from tuberculosis being recorded by the Registrar-General and only 186 being removed from the Registers by the District Medical Officers of Health.

A further wide discrepancy appears in these figures for the year 1937, 247 deaths from Tuberculosis being recorded by the Registrar-General and only 217 being removed from the Registers by the District Medical Officers. It is evident that some of the District Medical Officers are still lax in their duties under these regulations.

### **ENQUIRY INTO ANTI-TUBERCULOSIS SERVICES IN WALES.**

Arising from the non-agreement of the Welsh National Memorial Association and the contributing authorities in Wales towards the cost of treatment of Tuberculosis by the Welsh National Memorial Association, and the preparation of the detailed costs for the next five year period, the Minister of Health appointed a Committee of Enquiry consisting of Mr. Clement Davies, K.C., M.P., as Chairman, and Dr. J. J. Coutts, C.B.E., to enquire into the anti-tuberculosis services in Wales.

A very full and comprehensive enquiry was held into these services in Wales and evidence from the Welsh National Memorial Association, County Councils, County Borough Councils, Urban and Rural Authorities, and several professional bodies was presented to the Committee in various part of Wales.

Detailed evidence dealing with the incidence in this County of Tuberculosis in all its aspects and full information as to the steps taken by the County of Monmouth for the control and eradication of Tuberculosis was submitted to the Committee.

A comprehensive report upon the Enquiry will be given in the Report of the year 1938, after the report of the findings of the Committee has been presented to the Minister of Health and published.



**Cases of Tuberculosis notified under the Public Health (Tuberculosis) Regulations, 1930, during the year ended 31st December, 1937.**  
with reports upon Examinations of Sputa, etc., at the  
County Laboratory, Newport.

DISTRICTS AND SUB-DISTRICTS.	PULMONARY.				OTHER T B. DISEASES.				Total.
	Cases notified.	Result of Lab. examination.		Specimen not submitted.	Cases notified.	Result of Lab. examination.		Specimen not submitted.	
		Pos.	Neg.			Pos.	Neg.		
<b>URBAN.</b>									
<b>Abercarn</b>									
Aberbeeg ... ..	—	—	—	—	1	—	—	1	1
Cwmcarn ... ..	4	1	2	1	1	—	—	1	5
Crumlin ... ..	4	3	—	1	—	—	—	—	4
Abercarn ... ..	1	—	—	1	1	—	1	—	2
Newbridge ... ..	5	3	—	2	3	—	1	2	8
<b>Abergavenny</b>									
Abergavenny ... ..	8	—	—	8	3	—	—	3	11
<b>Abertillery</b>									
Crumlin ... ..	1	1	—	—	—	—	—	—	1
Cwmtillery ... ..	3	3	—	—	—	—	—	—	3
Abertillery ... ..	11	4	3	4	—	—	—	—	11
Six Bells ... ..	4	1	1	2	1	—	—	1	5
Llanhilleth ... ..	9	4	2	3	3	—	—	3	12
Aberbeeg ... ..	2	1	—	1	1	—	—	1	3
<b>Bedwas &amp; Machen</b>									
Trethomas ... ..	2	1	—	1	—	—	—	—	2
Bedwas ... ..	3	—	—	3	2	—	—	2	5
Maesycwmmmer ... ..	1	—	—	1	3	—	—	3	4
<b>Bedwellty</b>									
Hollybush ... ..	—	—	—	—	1	—	—	1	1
Argoed ... ..	2	1	—	1	—	—	—	—	2
Cefn Forest ... ..	4	2	—	2	1	—	1	—	5
Blackwood ... ..	4	—	2	2	2	—	—	2	6
New Tredegar ... ..	10	4	3	3	3	—	—	3	13
Aberbargoed ... ..	4	3	—	1	—	—	—	—	4
Fleur-de-Lis ... ..	3	—	—	3	—	—	—	—	3
Pengam ... ..	1	—	1	—	—	—	—	—	1
Markham ... ..	1	1	—	—	1	—	—	1	2
<b>Blaenavon</b>									
Blaenavon ... ..	20	8	3	9	1	—	1	—	21
<b>Caerleon.</b>									
Caerleon ... ..	4	2	—	2	—	—	—	—	4
<b>Chepstow</b>									
Chepstow ... ..	3	1	1	1	—	—	—	—	3
<b>Cwmbran</b>									
Upper Cwmbran ... ..	1	1	—	—	—	—	—	—	1
Cwmbran ... ..	3	1	1	1	2	—	—	2	5



DISTRICTS AND SUB-DISTRICTS.			PULMONARY.				OTHER T.B. DISEASES.				Total.
			Cases Notified	Result of Lab examination		Specimen not submitted	Cases Notified	Result of Lab. examination		Specimen not submitted	
				Pos.	Neg.			Pos.	Neg.		
<b>Magor St. Mellons</b>											
Bassaleg	...	...	1	—	1	—	—	—	—	—	1
Llanwern	...	...	1	—	—	1	—	—	—	—	1
Langstone	...	...	3	1	—	2	—	—	—	—	3
Magor ...	...	...	—	—	—	—	2	—	—	2	2
Rogerstone	...	...	6	2	—	4	—	—	—	—	6
Rumney	...	...	7	—	—	7	2	—	—	2	9
St. Mellons	...	...	1	—	—	1	1	—	—	1	2
<b>Monmouth</b>											
Llandenny	...	...	1	1	—	—	—	—	—	—	1
<b>Pontypool.</b>											
Little Mill	...	...	1	1	—	—	—	—	—	—	1
Croesyceilog	...	...	1	—	—	1	—	—	—	—	1
Mamhilad	...	...	—	—	—	—	1	—	—	1	1
Totals			337	110	50	177	112	1	10	101	449

The reports of the Tuberculosis Physicians for the year are as follows:—

**WEST MONMOUTHSHIRE AREA.**

Dr. J. Glyn Jones.

**TIME TABLE.**

Pontllanfraith	...	Tuberculosis Clinic, Llanarth Road	...	Every Monday at 10.0 a.m. Every Friday at 10.0 a.m.
Abertillery	...	88, Queen Street	..	Every Wednesday at 11 a.m.
Blaina	...	18, Abertillery Road		Second Wednesday at 11 a.m.
Ebbw Vale	...	Central Surgery	...	Every Tuesday at 11 a.m.
Tredegar	...	Central Surgery	...	Every Thursday at 12 noon.
Pengam	...	Post Office Chambers		1st and 3rd Mondays at 11 a.m.
Rhymney	...	Central Surgery	...	2nd Monday at 2.30 p.m.
Risca	...	4 Church Road Terr.		2nd and 4th Fridays at 11 a.m.
Trethomas	...	Dr. Cecil Davies' Surgery	...	4th Monday at 1 p.m.

**Return showing the work of the Area during the year 1937**

Diagnosis	Pulmonary				Non-Pulmonary				Totals			
	Adults		Children		Adults		Children		Adults.		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. New cases examined during the year (excluding contacts)—												
(a) Definitely tuberculous	83	72	7	6	20	15	16	18	103	87	23	24
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	44	33	19	18
(c) Non-tuberculous	—	—	—	—	—	—	—	—	363	294	135	118
B. Contacts examined during the year:—												
(a) Definitely tuberculous	—	2	—	—	—	—	—	—	—	2	—	—
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	2	1	2
(c) Non-tuberculous	—	—	—	—	—	—	—	—	41	52	64	51

Consultations with medical practitioners: (a) Personal, 489; (b) Other, 4,306; Visits by Tuberculosis Officer to homes (including personal consultations), 963; Visits by nurses or health visitors to homes for dispensary purposes, 3,496; Specimens of sputum, etc., examined, 694; X-ray examinations made in connection with dispensary work:—Films, 1,369; Screenings, 558; Attendances at dispensaries and visiting stations, 5,622.

**DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.**  
*PULMONARY CASES. Adults and Children.*

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Diagnosis doubtful (observation).	(5) Definitely non-tuberculosis.		
				(a) Patient deemed healthy.	(b) Other diagnosis made.	(c) Other diagnosis made.
Men ...	455	83	40	9	323	—
Women ..	356	72	32	19	233	—
Boys ... ..	120	7	14	12	87	—
Girls ... ..	108	6	13	7	82	—

Analysis of Column 5 (b), giving diagnosis arrived at:—

*Pulmonary: Men.*

Dust ... ..	104	Naso pharyngeal	Cirrhosis of liver ...	1
Bronchitis ...	91	catarrh ... ..	Aortitis ... ..	1
Cardiac ... ..	32	Pleurodynia ...	Septicaemia ... ..	1
Post-pneumonic		New growth ...	Pernicious anaemia	1
fibrosis ... ..	13	Goitre ... ..	Fractured ribs ...	1
Post influenzal		Pyorrhoea .. ..	Colitis ... ..	1
debility ... ..	9	Pulmonary abscess	Sycosis ... ..	1
Anxiety neurosis	8	Pneumonia ...	Splenic anaemia ...	1
Gastritis ... ..	8	Neurasthenia ...	Foreign body in	
Bronchiectasis	6	Chronic alcoholism	lung ... ..	1
Asthma ... ..	6	Pulmonary	Mediastinitis ...	1
Tracheitis ...	6	Infarction ...		

*Pulmonary: Women.*

Bronchitis ...	107	Post influenzal	Arterio-sclerosis ...	1
Cardiac ... ..	30	debility ... ..	Secondary	
Neurosis ... ..	13	Epistaxis ... ..	amenorrhoea ...	1
Anaemia ... ..	9	Osteo-arthritis ...	Spastic colon ...	1
Bronchiectasis	8	Pneumonia ...	Pyorrhoea ... ..	1
Asthma ... ..	8	Cystitis ... ..	Nephritis ... ..	1
Grave's disease	8	Pregnancy ...	Empyema ... ..	1
Menopause ...	7	Pleurodynia ...	Cervical rib ...	1
Tonsilitis ...	7	Dysmenorrhoea ...	Herpes Zoster ...	1
Gastritis ... ..	6	Puerperal fever ...	Psychosis .. ..	1
		Anorexia nervosa...		



*Pulmonary : Boys.*

Bronchitis ... ..	36	Post influenzal	Acidosis ... ..	1
Tonsillitis ... ..	7	debility ... ..	Septic meningitis ...	1
Post pneumonic		Gastro enteritis ...	Empyema .. ...	1
fibrosis ... ..	15	Bronchiectasis ...	Foreign body ...	1
Cardiac ... ..	5	Dyspepsia ... ..	Broncho-pneumonia	1
Asthma ... ..	5	Mucous disease ...	Marasmus .. ...	2
		Atelectasis ... ..	Rheumatism ... ..	2

*Pulmonary : Girls.*

Bronchitis ... ..	29	Anaemia ... ..	4	Neurosis ... ..	1
Tonsils and		Gastro-enteritis ...	3	Pneumonia ... ..	1
adenoids ... ..	10	Malnutrition ... ..	3	Otitis media ... ..	1
Post-pneumonic		Rheumatism ... ..	2	Erythema nodosum	1
fibrosis ... ..	10	Post influenzal		Mental deficiency..	1
Cardiac ... ..	7	debility ... ..	2	Chronic	
Bronchiectasis ...	5	Syphilis ... ..	1	constipation ...	1

*NON-PULMONARY CASES. Adults and Children.*

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Diagnosis doubtful (observation).	(5) Definitely non-tuberculous		
				(a) Patient deemed healthy.	(b) Other diagnosis made.	(c) Other diagnosis made
Men ... ..	55	20	4	1	30	—
Women ... ..	58	15	1	—	42	—
Boys ... ..	57	16	5	—	36	—
Girls ... ..	52	18	5	—	29	—

Analysis of Column 5 (b), giving diagnosis arrived at:—

*Non-Pulmonary : Men.*

Rheumatism ... ..	5	Hepatitis ... ..	1	Pes planus ... ..	1
Gastro-enteritis ...	3	Fractured spine ...	1	Hodgkin's disease..	1
Septic arthritis ...	2	Dental sepsis ... ..	1	Papilloma ... ..	1
Static kyphosis ...	2	Osteomyelitis ... ..	1	Hernia ... ..	1
Scoliosis ... ..	2	Carcinoma of		Gonorrhoea ... ..	1
Chronic		stomach ... ..	1	Septic adenitis ...	1
appendicitis ... ..	1	Septic peritonitis ...	1	Renal Calculus ...	1
Coli-orchitis ... ..	1	Infantile paralysis...	1		

*Non-Pulmonary : Women.*

Arthritis ... ..	6	Sacralization ... ..	2	Cystic kidney ... ..	1
Fibrositis ... ..	4	Acne rosacea ... ..	1	Trauma ... ..	1
Static scoliosis ... ..	4	Salivary calculus ... ..	1	Empyema .. ...	1
Constipation ... ..	4	Neurosis ... ..	1	Infantile paralysis...	1
Gastritis ... ..	2	Spina bifida ... ..	1	Dental caries ... ..	1
Syphilis ... ..	2	Ovarian cyst ... ..	1	Septic adenitis ... ..	1
Dysmenorrhoea ... ..	2	Codman's disease ... ..	1	Brodies' abscess ... ..	1
Chronic appendicitis ... ..	2	Abdominal adhesions ... ..	1		

*Non-Pulmonary : Boys.*

Gastro-enteritis ... ..	13	Abscess of chest wall ... ..	1	Peritoneal adhesions ... ..	1
Septic adenitis ... ..	6	Chorea ... ..	1	Scoliosis ... ..	1
Tonsils and adenoids ... ..	3	Septic arthritis ... ..	1	Rheumatism ... ..	1
Arthritis ... ..	3	Impetigo ... ..	1	Kohler's disease ... ..	1
Appendicitis ... ..	2	Trauma ... ..	1		

*Non-Pulmonary : Girls.*

Septic adenitis ... ..	6	Neurosis ... ..	2	Dermatitis ... ..	1
Constipation ... ..	5	Dental caries ... ..	2	Rheumatism ... ..	1
Gastro-enteritis ... ..	6	Tonsils and adenoids ... ..	2	Catarrhal jaundice..	1
Trauma ... ..	3				

## TABLES RELATING TO DEATHS.

Length of time elapsing between first examination by Tuberculosis Officer and occurrence of death.

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>
	<i>Adults</i>	<i>Children</i>	<i>Adults</i>	<i>Children</i>	
Under 3 months ... ..	17	—	2	2	21
3-6 months .....	17	1	—	—	18
6-12 months .....	18	—	2	—	20
Over 12 months.....	52	—	10	3	65

## TABLES RELATING TO CONTACTS.

	<i>Adult Contacts.</i>	<i>Children Contacts.</i>
To 166 new cases, no contact examined ...	—	—
To 16 new cases, 1 contact examined .....	10	6
To 17 new cases, 2 contacts examined .....	14	20
To 14 new cases, 3 contacts examined .....	22	20
To 24 new cases, 4 or more contacts examined	45	68

Table showing number of contacts examined to cases seen in years previous to 1937.

	<i>Adult Contacts.</i>	<i>Children Contacts</i>
To 4 old cases .....	6	4

[f] TABLE SHOWING THE AGE INCIDENCE AND CLASSIFICATION OF NEW TUBERCULOSIS  
CASES EXAMINED.  
PULMONARY.

Age Groups	Males.						Females.						Total.					
	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3
0—1 ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1—2 ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2—5 ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5—15 ...	..	2	..	4	1	..	..	1	1	3	1	..	..	3	1	7	2	..
15—25 ...	..	6	7	10	6	..	1	10	..	12	5	1	1	16	15	22	11	1
25—35 ...	2	12	2	3	1	..	..	3	3	3	6	1	2	15	5	6	7	1
35—45 ...	..	8	1	1	1	..	..	4	1	1	2	..	..	12	2	2	3	..
45—55 ...	..	2	2	1	5	1	..	5	4	1	1	1	..	7	6	2	6	2
55—65 ...	..	5	3	..	3	1	..	..	..	..	1	..	..	5	3	..	4	1
65 and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ...	2	35	15	19	17	2	1	23	17	20	16	3	3	58	32	39	33	5

## NON-PULMONARY

Age Groups	Males.					Females.					Total.			
	Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands		Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands		Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands
0—1 ...	..	..	..	..	..	..	..	1	..	..	..	..	1	..
1—2 ...	1	..	1	..	..	..	..	..	..	1	..	..	1	..
2—5 ...	2	1	..	1	1	1	1	1	1	3	2	1	1	2
5—15 ...	2	1	2	5	7	1	1	4	9	2	3	9	9	9
15—25 ...	3	1	..	4	5	2	2	2	8	3	2	6	6	6
25—35 ...	1	1	3	..	..	..	..	..	1	1	3	..	..	..
35—45 ...	1	..	1	..	1	..	..	1	2	..	1	1	1	1
45—55 ...	2	..	..	..	1	..	..	..	3	..	..	..	..	..
55—65 ...	1	..	1	..	..	..	1	..	1	..	2	..	..	..
65 and over	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Total ...	14	4	8	10	15	4	6	18	29	8	14	18	18	18

GENERAL.—During the first part of the year, work in this area was overshadowed by the serious illness of our chief, Dr. Wells. It was obvious to all that he was carrying on his work under the strain of severe pain and discomfort. Yet such was his indomitable spirit that he never complained, and stuck to his post until, from sheer exhaustion, he was forced to give up, less than three weeks before his death, which occurred in May. Having been privileged to be his deputy and his successor, I can vouch for the amazing popularity of this most modest and unassuming man. His passing is deplored by hundreds of patients and by all the practitioners in the area to whom, as to us who served under him, he was the personification of courtesy and a typical English gentleman.

Following Dr. Wells' death, it was some months before the medical staff resumed its full strength, and this may account for some slight diminution in figures, which is apparent when a general comparison with the previous year is attempted. The percentage of tuberculous patients among new cases and contacts remains low, being 18.8 and 0.9 respectively. At first glance the latter figure appears to be highly satisfactory, but, unfortunately, it conceals the fact that many of the new cases found tuberculous had been in contact with an "open" case, but had not been examined at the time or had failed to attend for subsequent re-examination until symptoms of disease were manifest. Under the present system of contact examination, I find the greatest reluctance to be examined among young men and women between the ages of 15 and 30, the very section of the population that is most liable to infection. It is well known that tuberculosis is most curable if it is detected before signs of obvious ill-health are present, and this state of affairs can only be ascertained by repeated X-ray examination, at intervals of a few months, of all who have been in contact with infection. Under the present conditions it will take decades of propaganda to convince the public of this fact, and in the meantime many lives will be lost. I can see but one solution of the problem. With an intelligent system of aftercare it should be possible to insist that the giving of relief to a family is contingent, not only upon the effective segregation of the infectious case, but also on the attendance of contacts for examination whenever called upon.

The character of work at the clinics has not altered during the year. The popularity of pneumothorax treatment is steadily increasing, and during the year 204 refills were given. Unfortunately, this treatment can only be applied to those cases where the disease is mainly confined to one lung, and it is to be deplored that some patients develop disease in the previously healthy lung during the long period that they have to wait for admission to hospital.

The long waiting list also affects adversely the prospects of patients suffering from surgical tuberculosis, while the same factor reduces, to some extent,

the value of such institutions as Highland Moors. More provision for the child with latent tuberculosis is required, but at the same time it must be remembered that tuberculosis is not the only cause of chronic ill-health in childhood. It is fair neither to the Tuberculosis Service nor the patients themselves that all "seedy" and "weedy" children should be dubbed pre-tuberculous, and segregated in the same institution. For this reason, all the known methods of diagnosis should be used, and conditions such as rheumatism, malnutrition, nasopharyngeal disorders excluded, before a verdict is pronounced. In this respect, I believe that the provision of specialist opinion in doubtful cases would be a progressive and economical policy.

In addition to routine work at the clinics, twice weekly visits are paid to Cefn Mably Hospital, where the staff of this area are responsible for twenty beds. This arrangement has not long been in force, but thanks to the sympathetic co-operation of Dr. Ross and Dr. Mary Jones, it has worked smoothly from its inception.

Dr. Brownlee continues to give us the benefit of his wide experience at his monthly surgical clinics. Dr. Ivor Williams' elevation left a gap which has since been amply filled by his successor, Dr. Llewellyn Davies.

**SOCIOLOGICAL.**—Despite some improvement in the mining industry, there is still considerable distress among a large section of the community. There are very few families that can afford, without relief, the loss of income and the extra expense consequent upon a chronic disease such as tuberculosis. It is most regrettable that many male patients have to decline hospital treatment, owing to the diminution in the amount of relief that would be granted their dependents after their removal. It is hoped that this anomaly will be speedily removed.

The industrial developments at Ebw Vale have caused some increase in the local population and our clinics at this centre have grown larger. To cope with the extra work, it is now proposed to hold two clinics weekly.

**PERSONNEL.**—As already mentioned, the work was carried on for some months with a depleted staff. Nevertheless, with the assistance of Dr. Johnson, a full service was maintained, and it was not found necessary to cancel a single clinic.

On my appointment in August, I was joined by Dr. Harry Evans, who has proved himself a loyal and hard-working colleague. Combining a sound knowledge of the special problems of tuberculosis with the wider experience gained in the hard school of general practice, Dr. Evans' help is invaluable in the diagnosis of the many diverse conditions with which we are presented.



Another change in the staff was necessitated by the retirement of Miss Muriel Games on her marriage, having completed six years of most efficient service as Clerk. I would like to express my appreciation of the help she rendered during the interregnum that followed, which period witnessed a succession of clerks, culminating in the appointment of Miss Margaret Ridall, who has now been with us eight months and promises to maintain worthily the high standard set up by her predecessor. Meanwhile, we are fortunate in retaining, through all these changes, the services of Sister Elizabeth Williams. The introduction of the new record cards has greatly added to her work, but this is still being performed with her wonted thoroughness and enthusiasm.

MATERIEL.—During the year indoor decorations and pointing of the garden wall was carried out. The biggest improvement, however, was the introduction of a more efficient heating system to the X-ray room.

ACKNOWLEDGMENTS.—A period of transition, such as the last year, is bound to present numerous difficulties. It is therefore particularly pleasing to record the helpful co-operation, in all matters, of the general practitioners and the district medical officers of health.

I would also thank the members of the Monmouthshire County Council, whose Tuberculosis Committee I have attended quarterly, for their sympathetic attention to the problems associated with our work. Our relations with the members and officials of this body are of the most cordial character, and the closest co-operation exists between the different health services operating in the County, under the direction of the County Medical Officer, Dr. D. Rocyn Jones, C.B.E., to whom I would also express my personal gratitude for much sound advice, so willingly given, on many difficult problems during the year.

## NEWPORT AND EAST MONMOUTHSHIRE AREA.

DR. A. CARVETH JOHNSON.

## TIME TABLE.

Newport	...4, Palmyra Place ...	Mondays, 10 a.m., Men. 2.30 p.m., Women. Wednesdays, 10 a.m., Men 2.30 p.m., Children. Thursdays by appointment only. Fridays, 10 a.m. 2nd Friday in each month, Orthopaedic Clinic, 2.30 p.m. Saturdays, 10 a.m. County patients only.
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(The Clinics on Mondays, Wednesdays and Fridays are for Newport patients only).

Pontypool	...Park Buildings ...	Tuesdays, 10.30 a.m. Thursdays, 10.30 a.m.
Abergavenny	...Y.M.C.A. Buildings	2nd and 4th Thursdays at 2.30 p.m.
Monmouth	...Out-Patients' Depart- ment, Cottage Hospital ...	1st and 3rd Fridays at 12 noon.

## Return showing the work of the Area during the year 1937

Diagnosis	Pulmonary				Non-Pulmonary				Totals			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. New cases examined during the year (excluding contacts)—												
(a) Definitely tuberculous	113	106	13	11	7	26	19	14	120	132	32	25
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	273	315	219	169
B. Contacts examined during the year:—												
(a) Definitely tuberculous	4	3	1	8	—	—	—	—	4	3	1	8
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	75	148	103	76

Consultations with medical practitioners: (a) Personal, 439; (b) Other, 1,744; Visits by Tuberculosis Officer to homes (including personal consultations), 1,752; Visits by nurses or health visitors to homes for dispensary pur-

poses, 4,887; Specimens of sputum, etc., examined, 665; X-ray examinations made in connection with dispensary work:—Films, 1,468; Screenings, 1,464; Attendances at dispensaries and visiting stations, 6,008.

# **DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.**

*PULMONARY CASES. Adults and Children.*

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Diagnosis doubtful (observation).	(5) Definitely non tuberculous		
				(a) Patient deemed healthy.	(b) Other diagnosis made.	(c) Other diagnosis not made
Men ...	361	113	—	5	78	165
Women ...	401	106	1	6	77	211
Boys ...	190	13	—	2	49	126
Girls ...	146	11	—	1	43	91

Analysis of Column 5 (b), giving diagnosis arrived at:—

## *Pulmonary: Men.*

Bronchitis ...	13	Post influenzal	Catarrh of respira-	
Bronchiectasis ...	5	depression ...	tory passages ...	6
Pneumonia ...	6	Aneurysm ...	Purpura	
Tonsils and		Emphysema ...	haemorrhagica ...	1
adenoids ...	1	Streptococcal	Infarct of lung ...	1
Morbus cordis ...	12	abscess of chest	Chronic pharyngitis	2
Injury to chest ...	1	wall ...	Mentally defective	1
Mediastinal tumour	1	Dyspepsia ...	Non-tuberculous	
Asthma ...	1	Empyema ...	pleurisy ..	1
Malignant disease		Spontaneous	Appendicitis ...	1
of lung ...	4	pneumothorax	Post-operative	
Pulmonary		Silicosis ...	debility ..	1
fibrosis ...	1	Cellulitis ...	Duodenal ulcer ...	1

## *Pulmonary: Women.*

Bronchitis ...	5	Pyrexia of unknown	Post-operative	
Bronchial catarrh...	5	origin ...	debility ...	1
Morbus cordis ...	13	Gynæcological ...	Anæmia ...	1
Respiratory		Nasal obstruction	Bronchiectasis ...	4
catarrh ...	8	Post-influenzal	Chronic dyspepsia	1
Debility following		debility ...	Influenza ...	1
pregnancy ...	2	Post-pneumonic	Episcleritis ...	1
Debility during		debility ...	Enlarged thyroid ...	1
pregnancy ...	2	Rheumatism ...	Naso-pharyngeal	
Abscess of lung ...	1	Atelectasis of lung	catarrh ...	4
Carcinoma of lung	1	Senile	Menopause ...	1
Chronic		arterio-sclerosis	Myxoedema ...	1
pharyngitis ...	1	Syphilis ...	Chronic otitis ...	1
Healed Mediastinal		Non-tuberculous	Malignant	
glands ...	1	pleurisy ...	endo-carditis ...	1

*Pulmonary: Boys.*

Bronchial catarrh ...	3	Whooping cough	3	Naso-pharyngeal		
Measles ...	1	Chronic dyspepsia	1	catarrh ...	...	2
Morbus cordis ...	1	Post-influenzal		Threadworms	...	2
Bronchitis ...	6	debility ...	1	Chicken pox	...	1
Empyema ...	1	Coryza ...	1	Post-operative		
Tonsils and		Chorea ...	1	debility ...	...	1
adenoids ...	18	Pneumonia ...	3	Pneumonia and		
Post-pneumonic		Asthma ...	1	empyema	...	1
debility ...	1					

*Pulmonary: Girls.*

Bronchial catarrh ...	8	Threadworms ...	3	Post-operative		
Tonsils and		Improperly		debility ...	...	1
adenoids ...	12	nourished ...	1	Atelectasis of lung	...	1
Collapsed lung ...	1	Debility after		Nasal catarrh	...	1
Dermatitis ...	1	measles ...	1	Resolving		
Hydatid cyst ...	1	Bronchitis ...	2	pneumonia	...	1
Acute coryza ...	1	Whooping cough ...	2	Nasal obstruction	...	1
Anæmia ...	1	Chronic dyspepsia	1	Bronchiectasis	...	1
Rheumatism ...	1			Asthma ...	...	1

*NON-PULMONARY CASES. Adults and Children.*

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Diagnosis doubtful (observation).	(5) Definitely non tuberculous		
				(a) Patient deemed healthy.	(b) Other diagnosis made.	(c) Other diagnosis not made
Men ...	32	7	—	—	19	6
Women ...	47	26	—	—	13	8
Boys ...	61	19	—	—	23	19
Girls ...	42	14	—	—	23	11

Analysis of Column 5 (b), giving diagnosis arrived at :—

*Non-Pulmonary: Men.*

Renal calculi ...	1	Hydrocele ...	2	Septic abscesses ...	2
Septic adenitis ...	1	Appendicitis ...	3	Haemotoma	
Chorio-retinitis ...	1	Orchitis ...	2	shoulder ...	1
Rheumatism ...	2	Osteomyelitis of		Scoliosis ...	1
Traumatic		femur ...	1		
synovitis ...	1	Traumatic arthritis	1		

*Non-Pulmonary: Women.*

Scoliosis ... ..	2	Non-tuberculous	Injury to chest wall	1
Branchial cyst ...	1	choroditis ...	Osteo-arthritis ...	1
Neuritis ... ..	1	Deformity of chest	Septic abscess of	
Morbus cordis ...	1	wall ... ..	thigh ... ..	1
Banti's disease ...	1	Malignant disease	Sarcoma ... ..	1

*Non-Pulmonary: Boys.*

Tonsils and adenoids ...	9	Septic glands ...	8	Pyogenic abscess of neck ... ..	1
Non-tuberculous enteritis ..	1	Osgood's disease ...	1	Appendix abscess	1
Gastro-enteritis ...	1	Septic infection of knee ... ..	1		

*Non-Pulmonary: Girls.*

Septic abscess of neck ... ..	2	Infantile diarrhoea	1	Threadworms ...	1
Septic abscess ...	4	Septic Glands ...	3	Pediculi capitis ...	1
Tonsils and adenoids ...	3	Improper feeding...	2	Non-tuberculous abscess of thigh..	1
Malnutrition ...	1	Rheumatism ...	1	Chronic appendix...	1
		Diphtheria ... ..	1		
		Broncho-pneumonia	1		

## TABLES RELATING TO DEATHS.

Length of time elapsing between first examination by Tuberculosis Officer and occurrence of death.

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>
	<i>Adults</i>	<i>Children</i>	<i>Adults</i>	<i>Children</i>	
Under 3 months .....	28	—	3	1	32
3-6 months .....	17	1	—	—	18
6-12 months .....	18	—	—	1	19
Over 12 months .....	75	1	3	1	80

## TABLES RELATING TO CONTACTS.

	<i>Adults</i>	<i>Children</i>
	<i>Contacts.</i>	<i>Contacts</i>
To 201 new cases, no contact examined .....	—	—
To 38 new cases, 1 contact examined .....	31	7
To 34 new cases, 2 contacts examined .....	47	21
To 14 new cases, 3 contacts examined .....	21	21
To 22 new cases, 4 or more contacts examined	51	55

Table showing number of contacts examined to cases seen in years previous to 1937.

	<i>Adult</i>	<i>Children</i>
	<i>Contacts.</i>	<i>Contacts</i>
To 63 old cases .....	80	84



TABLE SHOWING THE AGE INCIDENCE AND CLASSIFICATION OF NEW TUBERCULOSIS  
CASES EXAMINED.  
PULMONARY.

Age Groups	Males.						Females.						Total.					
	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3	T.B. +1	T.B. +2	T.B. +3	T.B. -1	T.B. -2	T.B. -3
0—1 ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1—2 ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2—5 ...	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	2	..
5—15 ...	..	..	..	..	12	..	..	1	2	..	7	..	..	1	2	..	19	..
15—25 ...	..	2	7	..	15	..	2	7	17	..	17	..	2	9	24	..	32	..
25—35 ...	1	2	10	..	16	..	1	7	13	..	15	..	2	9	23	..	31	..
35—45 ...	..	2	8	..	9	..	..	..	9	..	5	..	..	2	17	..	14	..
45—55 ...	..	1	12	..	9	..	..	..	4	..	2	..	..	1	16	..	11	..
55—65 ...	..	..	9	..	7	..	..	..	2	..	1	..	..	..	11	..	8	..
65 and over	..	..	3	..	..	..	..	..	..	..	4	..	..	..	3	..	4	..
Total ...	1	7	49	..	69	..	3	15	47	..	52	..	4	22	96	..	121	..

## NON-PULMONARY

Age Groups	Males.				Females.				Total.			
	Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands	Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands	Bones and Joints	Abdominal T.B.	Other Organs	Peripheral Glands
0—1 ...	..	..	..	..	..	..	..	..	..	..	..	..
1—2 ...	1	..	..	1	..	..	..	..	1	..	..	1
2—5 ...	..	..	..	1	..	..	..	1	..	..	..	2
5—15 ...	1	3	3	9	2	..	1	10	3	3	4	19
15—25 ...	..	..	2	2	5	..	3	3	5	..	5	5
25—35 ...	1	..	..	..	..	2	3	5	1	2	3	5
35—45 ...	1	..	..	..	1	1	..	..	2	1	..	..
45—55 ...	..	..	..	..	..	..	..	2	..	..	..	2
55—65 ...	1	..	..	..	..	..	1	..	1	..	1	..
65 and over	..	..	..	..	..	..	..	..	..	..	..	..
Total ...	5	3	5	13	8	3	8	21	13	6	13	34

The total number of new cases and contacts seen in 1937 was 1,704—representing 1,286 new cases sent by doctors and 418 contacts. This shows an increase of 150 on the 1936 figures—36 more new cases and 114 more contacts. Those found to have tuberculosis were 309 new cases (24 per cent.) and 16 contacts (nearly 4 per cent). Here, it is again necessary to emphasize the fact that only those contacts suffering from active tuberculosis and needing treatment are diagnosed and notified.

The number of contacts examined is extremely disappointing. Although invitations to attend for examination were sent to families of nearly all the 309 new cases, yet only contacts of 76 out of 184 Newport families attended, 176 contacts being seen, and of 32 out of 125 East Monmouthshire families, 78 contacts being seen. In addition, 85 contacts to 31 old Newport cases were seen, and 79 contacts to 32 old East Monmouthshire cases. This represents 2.5 contacts per infecting case of those who were examined. Taking this average, there must be at least 500 contacts who did not wish to be examined.

The number of X-ray examinations has increased by over 300. The number of sputum examinations remains practically the same.

Patients on the Newport Dispensary Register increased in number by 40, while the figures for the East Monmouthshire register show a decrease of 44. The Newport figures do not appear to be due to any great increase in the amount of tuberculosis, but rather to the fact that many cases who might possibly be removed from the register as recovered do not attend for examination, and are "not at home" when the house is visited. As they cannot be removed from the register as "recovered" without examination, their names have to remain. Quite a number are said to be well and at work. Many of these have had treatment in the Welsh National Memorial Association's Institutions, but will not report as long as they feel well. Patients of this type usually wait until they feel really ill, and then demand that the Tuberculosis Officer shall visit them at home and get them into sanatorium the next day.

Attendances at the clinics fell slightly. This is accounted for in part to the unwillingness of old patients to attend, but also to the fact that at the Newport clinic the patients who have been X-rayed wait while the film is developed and inspected. Hence another attendance for "the result" is unnecessary.

Personal consultations have increased by 101, and visits to homes by the Tuberculosis Officers by over 400. The visits by Nurses and Health Visitors to homes have also increased by over 600.

Deaths in the area, according to the Registrar General's return, number 178, five more than in the previous year. Of these, 146 were seen by the Tuberculosis Officer. Of the 32 not seen:—

11 died in institutions other than those of the W.N.M.A.

3 refused to see the Tuberculosis Officer;

6 had acute disease, or the doctor was called in very late;

4 tuberculosis was found at the post mortem only;

8 no apparent reason.

In view of the infectiousness of advanced tuberculosis, it is highly desirable that all advanced cases should be kept in hospital, if possible, until death. Failing this, a stay in hospital for instruction in the mode of living and in precautionary measures is clearly advantageous.

The following is an analysis of patients who died in 1937:—

	<i>Total</i>	<i>Died in W.N.M.A. Institutions or hired beds</i>	<i>In other Hospitals,</i>	<i>Previously treated in W.N.M.A. Institu- tions.</i>	<i>No. Institution treat- ment.</i>
Newport .....	83	28	11	16	28
East Mon. ....	95	26	10	23	36
	<hr/> 178	<hr/> 54	<hr/> 21	<hr/> 39	<hr/> 64
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

It is seen that 42 per cent. died in institutions. Another 22 per cent. had received some treatment, but, unfortunately, several of these took their own discharge and were not likely to be careful enough about spreading infection.

Under the present conditions of a limited number of beds, one can only endeavour to make the best use of the beds available. Every effort is made to persuade early cases to go to hospital or sanatorium, and stay there until the disease becomes quiescent. Advanced cases with bad home conditions are kept in Hospital until the end in every possible case. The very large proportion of moderately advanced cases in which complete recovery cannot be expected are persuaded to go to hospital for a time to learn how to look after themselves.

The continued high death rate for tuberculosis in Newport is very disturbing. In 1917, it was—pulmonary 1·09, non-pulmonary ·31, all forms 1·4, which was below the average for Wales and Monmouthshire. In 1937, it is—pulmonary ·967, non-pulmonary ·072, all forms 1·039, which is much above the average.

The population of Newport, an important seaport and industrial town, is very mixed, and it is clear that the high death rate is very largely due to the number of immigrants. An attempt is being made to trace the place of origin of those who died in 1937. This presents more difficulty than expected, as many patients do not know where they themselves were born, let alone the parents.

However, from the cases investigated so far (about half the total number), it appears that in only 30 per cent. were the patient and both parents born in Newport.

As regards the future, the chief needs in this area are:—

1. Provision of many more hospital beds, as our waiting list continues to show an upward tendency;
2. Much more intensive visiting of homes by Health Visitors.

Here, one may say that while it is good policy for the Tuberculosis Officer to see every home once, it is a great waste of time to have to pay repeated visits. Patients are much more conveniently examined at a clinic.

3. General education of the population in health matters, so that they will seek medical assistance at the first indication of ill-health. This applies to all other diseases, as well as tuberculosis.

It not infrequently happens that a patient is brought to the clinic by anxious relatives who instruct me that if Tuberculosis is found, on no account must I tell the patient, as the shock would be too great, etc. The anticipated diagnosis having been made and the relatives told that institutional treatment is necessary, they are left to break the news to the patient. Conversation with the patient at a later date nearly always reveals the fact that he has had a very good idea of what is wrong with him (or more usually her) for several months, and has been afraid of upsetting the relatives by visiting the Tuberculosis Clinic.

In spite of all our efforts, the majority of cases are far too advanced when first seen.

The very great diminution in non-pulmonary tuberculosis is a redeeming feature in an otherwise not too favourable outlook. Tuberculous glands of neck are still common, but very little bone and joint disease is seen now. The cases that are seen are usually referred at an early stage, and the results of treatment are usually excellent.

Another favourable point is the decrease in pulmonary disease in the eastern part of Monmouthshire. The known cases and their contacts are kept under constant observation. In the absence of any unforeseen outbreak, there seems to be no reason why the rural part of Monmouthshire should be almost free from tuberculosis in a few years.

Three hundred and sixty-one pneumothorax refills were given to 28 patients, and time was found for a few special lipiodol examinations. Tuberculin is given to a number of surgical cases.



The routine clinic work, however, takes practically all the available time. Unfortunately, the clerical part of the work seems to be increasing and an undue amount of my time is spent in non-medical work.

Surgical after-care clinics have again been well attended, and the visits of Dr. Brownlee or deputy have been much appreciated. There is, of course, no doubt that surgical tuberculosis, with the exception of glands of neck, has decreased very greatly.

There are still no Care Committees in the area, but close co-operation is maintained with the Public Assistance Committees and also with the Unemployment Assistance Board.

I cannot speak too highly of the excellent work done by Dr. Godbey as Assistant Tuberculosis Officer.

Dr. McConn duly took his T.D.D., and, after rendering valuable assistance, left for Swansea during September. He was succeeded by Dr. Ackerman, who is full of enthusiasm and is doing very good work.

Sister Oldfield continues as the Newport Corporation Health Visitor, but it is clear that there is far more visiting than she can possibly do. Another Health Visitor will have to be appointed if the work is to be carried out properly.

Sister Gray is still doing all the surgical work, and as much of the visiting in Monmouthshire as time permits. She is doing splendid work, and I wish that her full time services were available. Here, again, it is clear that more visiting is essential.

Miss Richards continues to do her best with the clerical work. Extra help has been available occasionally, but there is more than enough for two clerks.

It is increasingly obvious that the accommodation at the Newport Clinic is quite inadequate, but so far no better premises have been found. Pontypool, Monmouth, and Abergavenny Visiting Stations are as usual. The work at Abergavenny has increased, and it seems probable that weekly visits will have to be made instead of twice a month.

It has not been found necessary to re-open a visiting station at Chepstow. New patients who are able to do so prefer to attend the Newport Clinics with its X-ray facilities; the others are promptly visited at home, as was promised when the Chepstow Visiting Station was closed.

Thanks are due to the Medical Officer of Health for Newport, the County Medical Officer of Health, District Medical Officers of Health, School Medical Officers, and all the medical practitioners for their co-operation and assistance.



The following is the Report of Dr. Henry A. Ross, Resident Medical Officer, Cefn Mably Hospital, for the year ended 31st December, 1937.

					In Institu- tion on January 1	Admitted during the year.	Dis- charged during the year.	Died in Institu- tion.	In Institu- tion on Decem- ber 31.
Doubtfully tuberculous cases admitted for observation :—									
Adult males	...	...	...	...	1	25	21	1	4
Adult females	...	...	...	...	—	—	—	—	—
Children	...	...	...	...	—	1	1	—	—
Total	...	...	...	...	1	26	22	1	4
Definitely tuberculous patients admitted for treatment :—									
Adult males	...	...	...	...	60	116	91	29	56
Adult females	...	...	...	...	28	72	46	16	38
Children	...	...	...	...	6	11	8	3	6
Total	...	...	...	...	94	199	145	48	100
Grand Total	...	...	...	...	95	225	167	49	104

Classification on Admission to Institution.		Number Discharged.												TOTAL	
		Quiescent			Improved			No Material Improvement			Died				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Patients, i.e. Definitely T.B. Pulmonary Cases.	T.B. Minus ...	—	—	—	29	7	7	—	4	1	1	—	1	50	192
	T.B. Plus :— Group 1 ...	—	—	—	2	1	—	—	—	—	—	—	3		
	Group 2 ...	—	—	—	15	10	—	5	1	—	1	—	32		
	Group 3 ...	—	—	—	26	7	—	13	16	—	27	16	2	107	
	Non-Pulmonary Cases.	Bones & Joints ...	—	—	—	—	—	—	—	—	—	—	—	—	1
		Abdominal ...	—	—	—	—	—	—	—	—	—	—	—	—	
		Other Organs ...	—	—	—	1	—	—	—	—	—	—	—	1	
		Peripheral Glands	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS ...		—	—	—	73	25	7	18	21	1	29	16	3	193	
Observation Cases for Diagnosis.		Found Tuberculous			Found Non-Tuberculous			Doubtfully Tuberculous			23				
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.					
		4	—	—	*18	—	1	—	—	—		23			
GRAND TOTAL ...												216			

NUMBER DISCHARGED.—Fit for full work, —; Fit for light work, 7; Fit for School, 1; Under School age, 1; left before completion of treatment, *i.e.*, at own request with permission, left against advice, or discharged for disciplinary reasons, 62; Number transferred to other Institutions, 23. \* 1 man died—Carcinoma of lung.

PNEUMOTHORAX.—Inductions, 14; Unsuccessful induction, 14; Spontaneous pneumothorax, 5; Aspirations: fluid, 8; air, 5.

SPECIAL EXAMINATIONS.—Plasters, 2; Splints, 2; Eye examinations, 5; Gynæcological examinations, 5; Barium meals, 4; X-ray films, 470; X-ray screenings, 955; Light treatment, 4; Wassermann Reactions, 9; Guinea pig inoculations, 12; Trans. for thoracoplasty, 2; Trans. for thoracoscopy, 1.

INJECTIONS.—Calcium Gluconate, 2; Ametox Sodium Thiosulphate, 129; Solganol B, 25; Tuberculin, 10; Vaccines: polyvalent, 6; autogenous, 1.

DENTAL.—Extractions, 135; Fillings, 22; Scalings, 6.

#### GENERAL OBSERVATIONS.

At times one wonders if lectures given to patients are of any value, or if the parting word of advice given as the patient leaves the hospital is heeded in any but the rare case. Many times one has been disheartened when one learns that the patient has not taken advantage of the facilities afforded for the after-care of his condition. Perhaps it is that the term "cure" is used loosely to denote a course of treatment, while to the patient it means not merely the amelioration or disappearance of symptoms but the total eradication of the disease from the system. One endeavours to impress upon the patient that treatment in hospital is only one phase in the treatment of his condition, and that he must practise the lesson learnt during a probationary period following his discharge from hospital.

During the past year one has been gratified to find that not all of the seed has fallen on stony ground, and that some patients have sought advice when they have felt "off colour", and that they have been willing to return for a further period of treatment. That is encouraging, and one would like to see the practice extended. Experience in sanatorium shows that these short refresher courses, if one may use the term, seem to help the patient over the difficult initial years when the healing process is hardening. A little more co-operation between the patient and his physician should help.

We now have facilities for surgical work, and the next year should show an increase in the use of these therapeutic measures. It will, of course, be minor surgery which will be practised, but it is hoped that these measures will help in the tackling of the problem of getting the patients well again. A

certain amount of work in connection with the examination of blood pictures has been effected, and it is our intention to extend this work during the next year. It is felt that this information is helpful in obtaining a more precise indication of the value of any special line of treatment.

It is hoped, too, that it will be of assistance in deciding the type of treatment, surgical or medical, which should be employed, and also in assessing the result and ultimate prognosis. While it is appreciated that laboratory results can never replace clinical observation, they do assist in arriving at a true estimate of the patient's reaction to the presence of the disease.

Many different types of cases have been observed during the year, and amongst these have been cases of spontaneous pneumothorax, carcinoma of the lung, diabetes, lupus, tuberculosis of the kidneys and of knee joints, corneal ulcers, streptococcal empyæma, tubercular meningitis, chronic miliary tuberculosis, scabies, etc.

Again, we have to observe that a great portion of our cases arrive at the Hospital in an advanced stage of the disease. It is a constant surprise to us how many of these cases pick up sufficiently to be able to walk for a few miles each day.

#### CLASSIFICATION OF ADMISSION.

	<i>No. Admitted</i>	<i>Early.</i> %	<i>Intermediate</i> %	<i>Advanced</i> %
Men .....	135	8.1	26.0	48.9
Women .....	72	4.2	27.8	68.0
Children .....	12	41.7	33.3	25.0

*(There were admitted also two patients with carcinoma of the lungs).*

Two cases died from a fatal hæmoptysis. During the year 1937, the total number of patients treated was 316, of whom 212 were discharged, leaving 104 under treatment on December 31st, 1937. The daily average of the number of patients confined to bed was 64.7 per cent., and the percentage of patients admitted who were found to have tubercle bacilli in the sputum was 51.4 per cent. This figure is lower than last year, owing to the number of observation cases admitted.

**X-RAY.**—A new screen and a new X-ray tube have added to the usefulness of the X-ray plant. Increasing use has been made of the apparatus both in the general work of the hospital and for teaching purposes. For some time, in special cases, we have taken lateral X-ray pictures, and these have been most useful in cases in which the diagnosis has been obscure. One would like to see

this work extended if for no other purpose than for the estimation of the size and position of cavities. We have found it useful in cases of effusion into the oblique fissure, into the horizontal fissure, and in cases of lung abscess, in all of which a film taken in the postero-anterior position may give a very similar appearance.

**TREATMENT.**—For the past year, major surgical procedures have been carried out for us at the Sully Hospital. Again, we have tried out Sodium Thiosulphate injections with results which are a little encouraging but the time has not yet arrived when the results may be assessed. The various gold preparations have been used in suitable cases. Small doses of tuberculin have been used in suitable cases, and the type of case which appears to benefit is that of old standing fibrotic tuberculosis, the type which has periodic exacerbations of the disease.

Vaccines have also been used, and in rare instances we have employed autogenous vaccines. These latter have been prepared for us at the Central Tuberculosis Laboratory.

These measures have been combined with the usual treatment by graduated rest and exercise, and it is difficult to determine which is the more important cause of improvement in the patient's condition.

**MATERIEL.**—Improvements carried out during the year have included the provision of more wardrobes on "C" floor, and inside and outside painting. Extra accommodation for filing and new lighting and heating of the offices have been contrived. It had been hoped that it would have been possible to carry out a good deal of improvements on "A" floor in the nurses' and sisters' quarters, etc., but this work has had to be postponed.

**AMENITIES.**—On November 11th, 1937, the new handicraft building was opened by Mrs. L. Halse, of Newport. This building will be of great help in furthering an interest in handicraft work among the patients.

**CHAPEL RESTORATION.**—A very active interest has been shown by the members of the Ladies' Guild in the work of restoring the interior of the hospital chapel. At the invitation of the Mayor of Newport, Major I. Cameron Vincent, the Guild held a bazaar in the Town Hall, Newport, on October 7th, 1937, when a sum of £143/19/7 was raised.

**LIBRARY.**—We have again been fortunate in receiving gifts of books from the British Red Cross and from the National Library of Wales. These gifts are much appreciated as are also the gifts of books and magazines from various friends.

CONCERTS.—We are grateful to the various concert parties who have given concerts at the hospital at times suitable to us. We appreciate that in endeavouring to meet our wishes they must, at times, have been put to very considerable inconvenience.

PERSONNEL.—I would like to express my sincere appreciation of the services rendered by the Resident Medical Officer, Dr. Mary E. Hewart Jones. These have been carried out in an efficient and cheerful manner. Nurses have been prepared for the Tuberculosis Association examinations, and this year four have been successful in obtaining their certificate.

ACKNOWLEDGMENTS.—It is a great pleasure for me to acknowledge the generous help extended to us during the past year. The sustained effort to further the interests of the patients and the Institution is one which we are happy to acknowledge. And we trust that to the donors, although we are unable to mention each individually, we have made it clear that we appreciate their help very much.

We are conscious, too, of the help given by the Chairman and members of the House Committee in furthering the interests of the hospital.

It is a pleasure to acknowledge the valuable work done by the Ladies' Guild in caring for the welfare of the patients and for the interest they have displayed in the restoration of the chapel.

I would like to thank the chaplains for providing services each Sunday and on special occasions. We are grateful to them for carrying on this valuable work.



The following tables give details of the work undertaken by the Welsh National Memorial Association in the Administrative County during the year ended 31st December, 1937.

TABLE 1.

Return showing the work of the Dispensaries during the year ended December 31st, 1937.

DIAGNOSIS.	Pulmonary				Non-Pulmonary				Total			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts):—												
(a) Definitely tuberculous ...	126	126	10	13	24	25	21	22	150	151	31	35
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	44	33	19	19
(c) Non-Tuberculous ...	...	...	...	...	...	...	...	...	474	433	208	181
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous ...	2	2	...	4	...	...	...	...	2	2	...	4
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	...	2	1	2
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	74	98	107	84
C.—CASES written off the Dispensary Registers as:—												
(a) Recovered ...	37	21	4	6	17	22	10	5	54	43	14	11
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Registers as tuberculous) ...	...	...	...	...	...	...	...	...	551	531	317	269
D. — NUMBER OF CASES on Dispensary Registers on December 31st:—												
(a) Definitely tuberculous ...	506	463	47	43	133	157	128	90	639	620	175	133
(b) Diagnosis not completed ...	..	...	...	...	...	...	...	...	44	35	21	21

TABLE 1 (Continued).

1.—Number of cases on Dispensary Registers, on January 1st. ...	1576	8.—Number of visits by Tuberculosis Officers to homes (including personal consultations). ...	2184
2.—Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years. ...	44	9.—Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	457
3.—Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of." ...	89	10.—Number of :— (a) Specimens of sputum, etc., examined ...	946
4.—Cases written off during the year as dead (all causes). ...	207	(b) X-Ray examinations made in connection with Dispensary work ...	2721
5.—Number of attendances at the Dispensaries (including Contacts) ...	7440	11.—Number of "Recovered" cases restored to Dispensary Registers, and included in A (a) and A (b) above ...	6
6.—Number of Insured Persons under Domiciliary Treatment on the 31st December. ...	155	12.—Number of "T.B. plus" cases on Dispensary Registers on December 31st. ...	467
7.—Number of consultations with Medical Practitioners :— (a) Personal ...	737		
(b) Other ...	5073		

TABLE 2.

Return showing the Extent of Residential Treatment and Observation in Institutions during the year ended December 31st, 1937.

		In Institu- tions on Jan. 1st, 1937	Admitted during year.	Discharged during year.	Died in Institutions.	In Institu- tions on Dec., 31st, 1937
Number of doubtfully tuberculous cases admitted for observation	Adult Males ...	5	15	14	1	5
	Adult Females..	—	8	8	—	—
	Children	9	28	26	—	11
	Total ...	14	51	48	1	16
Number of patients suffering from pul- monary tuberculosis	Adult Males ...	83	150	119	30	84
	Adult Females..	55	116	87	22	62
	Children	9	21	10	3	17
	Total ...	147	287	216	55	163
Number of patients suffering from non- pulmonary tuberculosis	Adult Males ...	14	20	22	2	10
	Adult females ...	10	13	10	2	11
	Children ...	27	30	26	2	29
	Total ...	51	63	58	6	50
Grand	Total ...	212	401	322	62	229

TABLE 3.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1937.

## HOSPITAL (PULMONARY CASES).

Classification on admission to Institution.	Condition at time of discharge.	Under 3 months			3—6 months			6—12 months			More than 12 months			Total
		M	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Class. T.B. Minus.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ... ..	7	3	...	12	2	3	5	3	2	2	...	...	39
	Died ... ..	...	...	...	1	...	1	1	...	...	...	...	...	3
Class. T.B. Plus. Group 1.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ... ..	1	...	...	...	...	...	1	...	...	...	...	...	2
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ... ..	2	1	...	5	6	...	2	3	...	3	1	...	23
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 3.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ... ..	8	8	...	10	11	...	10	11	...	4	6	...	68
	Died ... ..	7	6	...	8	5	...	2	6	1	2	2	1	40
Totals ... ..		25	18	...	37	24	4	20	24	3	11	9	1	176

TABLE 3(a)

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1937.

## HOSPITAL (PULMONARY CASES).

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ... ..	1	1	...	2	...	...	3	1	...
Non-Tuberculous ... ..	2	...	...	4	...	1	6	...	1
Doubtful ... ..	...	...	...	...	1	...	...	1	...
Totals ... ..	3	1	...	6	1	1	9	2	1

TABLE 4.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1937.

## SANATORIUM (PULMONARY CASES).

Classification on admission to Institution.	Condition at time of discharge.	*Under 3 months			3-6 months			6-12 months			More than 12 months			Total
		M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Class. T.B. Minus.	Quiescent ... ..	1	2	...	5	4	2	7	1	3	...	...	...	25
	Not Quiescent ... ..	1	3	...	1	1	...	1	2	...	...	1	...	10
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 1.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ... ..	...	...	...	...	...	...	1	...	...	...	...	...	1
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent ... ..	...	...	...	...	...	...	3	...	...	2	...	...	5
	Not Quiescent ... ..	...	...	1	...	3	1	...	2	2	...	4	...	13
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 3.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ... ..	...	...	1	...	2	1	...	6	...	...	2	...	12
	Died ... ..	...	...	...	...	...	...	1	...	...	...	...	...	1
Totals ... ..		2	7	...	11	7	2	21	5	3	8	1	...	67

TABLE 4(a)

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1937.

## SANATORIUM (PULMONARY CASES).

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ... ..	1	1	1	2	3	1	3	4	2
Non-Tuberculous ... ..	...	...	...	1	...	3	1	...	3
Doubtful ... ..	...	...	...	...	1	5	...	1	5
Totals ... ..	1	1	1	3	4	9	4	5	10

\* Patients whose stay in Residential Institutions has not exceeded 28 days are no longer included in this table.

TABLE 5.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1937

### HOSPITAL (NON-PULMONARY CASES.)

Classification on admission to Institution.	Condition at time of discharge.			Under 3 months			3-6 months			6-12 months			More than 12 months			Total
				M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Bones and Joints.	Quiescent	...	...	...	1	1	...	1	...	2	1	1	2	1	2	12
	Not Quiescent	...	...	4	1	1	1	...	1	1	1	2	2	...	5	19
	Died	...	...	...	1	...	1	...	...	1	...	1	1	...	1	5
Abdominal.	Quiescent	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
	Not Quiescent	...	...	...	...	1	1	...	...	...	...	...	...	...	1	3
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Organs.	Quiescent	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
	Not Quiescent	...	...	1	1	...	1	1	1	...	...	1	...	...	...	6
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Peripheral Glands.	Quiescent	...	...	1	...	3	...	...	...	...	...	1	...	...	...	5
	Not Quiescent	...	...	1	1	2	1	...	...	...	...	1	...	...	...	6
	Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	...	...	7	5	9	5	2	3	3	3	5	6	1	9	58

TABLE 5(a).

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1937

### HOSPITAL (NON-PULMONARY CASES)

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	...	...	...	...	...	5	...	...	5
Non-Tuberculous	...	...	...	1	1	8	1	1	8
Doubtful	1	1	...	1	...	2	1	...	2
Totals	2	1	1	2	1	15	2	1	15



## VENEREAL DISEASES.

The following is a summary of the scheme of the County Council for the prevention and treatment of these diseases :—

The Treatment Centre for the Administrative County is at the Royal Gwent Hospital, Newport. The days and hours of the sessions are :—

MALES.—Mondays at 10 a.m.  
Wednesdays at 2 p.m.  
Thursday at 4.30 p.m.  
Fridays at 6 p.m.

FEMALES.—Mondays at 2 p.m.  
Thursdays at 2 p.m.

Facilities for the irrigation of cases of gonorrhœa are also available.

Dr. P. C. P. Ingram is the Medical Officer in charge of the Centre for men, and Dr. Mary Gordon, Assistant Medical Officer under the County Council, attends the women's sessions. This arrangement came into force on the 28th September, 1925.

The bacteriological examinations in connection with the Centre are conducted at the County Laboratory by the County Pathologist and Bacteriologist. Laboratory facilities for private practitioners are also provided, and outfits from the Laboratory are sent to them when required.

The medical profession in the County has been circularised with the details of the scheme, and a propaganda campaign is periodically conducted by advertisements in the local newspapers, posters on public hoardings, in public and railway station urinals, and by separate public lectures for men and for women.

In necessitous cases the County Council provides rail fares for patients attending the Treatment Centre, which amounted to £269/17/4 in the year 1937.

There is every indication that the scheme is sufficient to meet the needs of the County.

The reports of the Medical Officers in charge of the Treatment Centres are as follows :—

A.—DR. P. C. P. INGRAM.

"During the year under review there has been a well marked decline in the number of patients attending for the first time, these reaching a total of only 189. Only 12 were found to be suffering from syphilis; less than half the number seen in the previous year and less than a fourth of the number who attended in 1927. This continuous decline cannot now be considered merely fortuitous. The county is now reaping the benefit of 20 years' steady work in the treatment of this disease and a new infection is becoming relatively

uncommon. Only 3 of these 12 patients were suffering from early syphilis. The majority being infections of many years' standing, and not in a highly infectious stage.

While the number of new cases of gonorrhoea shows a fall there is still an average of nearly 3 new patients a week—over 10 times the number of those suffering from syphilis. This disproportion in the incidence of the two diseases was discussed in my report for last year. While we still lack in the treatment of gonorrhoea a drug of the efficacy of salvarsan and its substitute in the treatment of syphilis there is more hope now that we may attain that object. During the year a new one has been introduced, and while it is early yet to say whether the optimistic reports of its efficacy reported in some quarters will stand the test of time there are hopes that it may make the patient non infectious at an earlier date and so reduce the incidence of the disease.

For the first time since the year 1931 the number of patients discharged as cured was over 100. In that year the number of new cases was 195 and in the previous year 210. The figure for this and last year are 157 and 184 respectively so that the cures show a definitely higher proportion.

While the attendances show a decline comparable with the fall in the number of new cases they still remain at a satisfactory figure”.

B.—Dr. MARY H. M. GORDON.

“The number of patients attending for the first time showed a decrease compared with last year's figure, due to a fall in the number of new cases of syphilis reporting and to a smaller number of non-venereal cases. The decrease in the new cases was particularly noticeable in the congenital syphilitic group, of whom only 2 reported for the first time. This is the lowest number on record for the last 12 years and points out the value of adequate ante and post natal treatment of the syphilitic pregnant woman. Of the adult patients reporting, all were in later stages of the disease.

There was an increase in the number of new cases of gonorrhoea reporting, and, unfortunately, a fair proportion of these new cases were children with vulvo-vaginitis, and pregnant women. It was not easy to treat the latter adequately, owing to the lack of beds for in-patient treatment and to difficulty in travelling during the last few weeks of pregnancy. Several cases were successfully treated and delivered in Coed-y-Gric Institution. It was hoped that, by hospitalisation of these cases, apart from the benefit to mother and child, the work of puerperal pyrexia and septicaemia for the County would be lessened. The majority of these expectant mothers were referred

to the Treatment Centre from the Maternity and Child Welfare Clinics and County Midwives.

There is an increase in the number of patients discharged cured after treatment for syphilis but a decrease in the number attending with gonorrhoea and discharged cured. This latter figure is not very satisfactory, but may be explained by the fact that in many cases symptoms of gonorrhoea in the female are so slight that it is difficult to convince the patient that she is suffering from any disease and it is still more difficult to make her understand that as long as she is not completely cured she is still capable of spreading infection to others.

There was a decrease in the number of defaulters this year, due largely to the efforts of the Lady Inquiry Officer who visits patients at their homes and persuades them to persevere with treatment."

Comparison with reports of other Counties proves that the proportion of attendances of women to men at the County Treatment Centre is greater in Monmouthshire than in most other Counties. This can be attributed to the work of the Inquiry Officer, Nurse E. M. Walters, who follows female patients (old and new) to their homes, and she invites them to undergo and persevere with treatment at the Centre. She also attends at the Treatment Centre on the days fixed for female patients, and this procedure has proved to be a great encouragement to the women to visit the Centre regularly. The work accomplished by her during the year was as follows:—

Number of visits paid in the Administrative County :

	1937	1936
To new cases which came to her knowledge and which had not undergone treatment .....	446	483
To old cases in which visits to the Treatment Centre had been discontinued before completion of treatment, also to old cases still under treatment .....	1591	1662
To members of Voluntary Agencies, District Nurses, etc....	317	294
Total .....	2354	2439

Since her appointment in July, 1918, Nurse Walters has visited 7,336 new cases.

The medical practitioners of the County approve the scheme most cordially, and the majority of them send patients to the Centre for treatment. Advantage is also taken of the facilities for tests at the County Laboratory, and 715 specimens were examined for private practitioners during the year 1937.

Details of the work carried out at the Laboratory and Treatment Centre during the year 1937 are as follows:—

**I.—COUNTY LABORATORY, COUNTY HALL.  
RETURN OF SPECIMENS EXAMINED.**

1937.													Previous Year
	For detection of Spirochaetes.		For detection of Gonococci.		Complement Fixation Test (Gonorrhoea)		For Wassermann reaction (Syphilis).		Other Examinations.		TOTAL.	1936	
	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males			
From County of Monmouth—													
Treatment Centre ..	17	1	503	882	170	111	455	458	18	8	2623	2830	
Practitioners ...	—	1	81	157	21	2	289	144	13	7	715	874	
From County Borough of Newport—													
Treatment Centre ..	34	3	327	220	153	28	355	296	9	9	1434	1329	
Practitioners ...	3	—	45	135	13	5	204	142	9	6	562	643	
From Other Districts—													
Glamorganshire ..	—	—	9	3	1	—	1	1	—	—	15	13	
Brecon ..	—	—	10	—	5	—	—	—	—	—	15	11	
Lancashire ...	—	—	—	2	—	—	—	—	—	—	2	—	
Gloucestershire ...	—	—	3	—	1	1	1	—	—	—	6	1	
Cardiff ...	—	—	12	—	1	—	6	—	—	—	19	20	
Devon ...	—	—	—	—	—	—	1	—	—	—	1	1	
Totals	54	5	990	1399	365	147	1312	1041	49	30	5392	5722	

No of doses of substitutes for Salvarsan supplied to Medical Practitioners:—

			1937.	1936.
Novarsenobillon	·6 grm. =	...	21	50
„	·45 „ =	...	12	2
„	·3 „ =	...	23	12
<b>Totals</b>		...	<b>56</b>	<b>64</b>
Stabilarsen	·6 grm. =	...	20	10
(Boots)	·45 „ =	...	20	5
	·4 „ =	...	12	—
<b>Totals</b>		...	<b>52</b>	<b>15</b>
Kharsulphan	·6 grm. =	...	12	—
„	·45 „ =	...	2	—
„	·3 „ =	...	2	—
„	·15 „ =	...	2	—
<b>Totals</b>		...	<b>18</b>	—
Neokharsivan	·6 grm. =	...	10	—
„	·45 „ =	...	1	—
„	·3 „ =	...	1	—
„	·15 „ =	...	1	—
<b>Totals</b>		...	<b>13</b>	—
Sulfarsenol	·3 grm. =	...	2	—
„	·45 „ =	...	2	—
„	·6 „ =	...	2	—
<b>Totals</b>		...	<b>6</b>	—

The number of practitioners upon the register for the supply of salvarsan substitutes is twenty-one.

**2.—TREATMENT CENTRE.**  
(ROYAL GWENT HOSPITAL, NEWPORT).

Returns of Dr. P. C. P. INGRAM, Medical Officer of Centre, to the  
Medical Officer of Health, relating to persons residing in the Administrative  
County of Monmouth.

	1937.			1936.		
	Males.	Females.	Total	Males.	Females.	Total.
1.—Number of persons dealt with at or in connection with the Out-patient Clinic for the first time and found to be:—						
Suffering from Syphilis ...	12	14	26	29	31	60
"       "   Soft Chancre ...	12	—	12	4	—	4
"       "   Gonorrhœa ...	133	81	214	151	75	226
Not suffering from venereal disease ...	32	84	116	50	141	191
Total ...	189	179	368	234	247	481
2.—Number of persons discharged from the Out-patient Clinic after completion of treatment for:—						
Syphilis ...	14	5	19	7	4	11
Soft Chancre ...	7	—	7	4	—	4
Gonorrhœa ...	85	18	103	70	27	97
Not suffering from venereal disease ...	27	83	110	41	136	177
Total ...	133	106	239	122	167	289
3.—Number of persons who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from:—						
Syphilis ...	18	33	51	22	47	69
Soft Chancre ...	2	—	2	1	—	1
Gonorrhœa ...	70	39	109	43	46	89
Not suffering from venereal disease ...	—	—	—	—	—	—
Total ...	90	72	162	66	93	159
4.—Total attendances of all persons at the Out-patient Clinic who were:—						
Suffering from Syphilis ...	1799	1901	3700	2077	2403	4480
"       "   Soft Chancre ...	42	—	42	34	—	34
"       "   Gonorrhœa ...	2561	1043	3604	2869	1066	3935
Not suffering from venereal disease ...	61	143	204	95	277	372
Total ...	4463	3087	7550	5075	3746	8821



	1937.			1936.		
	Males.	Females.	Total.	Males.	Females.	Total.
5.—Aggregate number of " In-patient days " of treatment given to persons suffering from:—						
Syphilis ... ..	335	65	400	70	82	152
Gonorrhoea ... ..	196	532	728	298	660	958
Soft Chancre ... ..	2	—	2	—	—	—
Not suffering from Venereal disease ... ..	31	—	31	—	—	—
Observation Cases ... ..	—	—	—	—	—	—
Total ... ..	564	597	1161	368	742	1110
6.—Number of persons treated with Sulvarsan substitutes ... ..	30	148	178	55	191	246
7.—Number of doses of Sulvarsan substitutes given:—						
Name of Drugs—Novarsenobillon						
Silversalvarsan						
Stabilarsan						
Kharsuphan						
Sulphostab						
Arseno Argenticum						
dose .05 ... ..	—	2	2	—	7	7
dose .1 ... ..	12	10	22	4	34	38
dose .15 ... ..	38	35	73	53	25	78
dose .2 ... ..	3	143	146	6	274	280
dose .25 ... ..	—	48	48	—	91	91
dose .3 ... ..	21	167	188	42	202	244
dose .45 ... ..	48	291	339	121	213	334
dose .6 ... ..	70	39	109	84	47	131
dose .75 ... ..	2	—	2	—	—	—
Name of Drug—Bismuth { dose .2 grm.	398	517	915	—	—	—
Quin. Iod. { dose .3 grm.	284	38	322	874	930	1804
Quinostabo (sol.)	58	6	64	—	—	—
Total ... ..	934	1296	2230	1184	1923	3007
8.—Examination of Pathological material:—	Males.	Females.	Total.	Males.	Females.	Total.
Specimens from persons attending at the Treatment Centre which were sent for examination to an independent Laboratory—						
For detection of spirochaetes ...	17	1	18	6	—	6
" " gonococci ...	503	882	1385	517	963	1480
Complement Fixation Test ...	170	111	281	190	123	313
For Wassermann reaction ...	455	458	913	519	487	1006
Cerebro Spinal Fluid ...	8	8	16	—	—	—
Others ... ..	10	—	10	12	13	25
Totals ... ..	1163	1460	2623	1244	1586	2830

No action has been taken under the Venereal Diseases Act, 1917, in the County as no evidence has been available of breach of its provision.

### **MATERNITY AND CHILD WELFARE.**

This work has been fully dealt with in the special report which has been published.

### **BLIND PERSONS ACT, 1920.**

The number of blind persons upon the County Register at the 31st March, 1938, was 806—386 males and 420 females. Details are given in the accompanying tables.

The Consultant Ophthalmic Surgeon to this Authority, Dr. W. J. Roche, examined at his Consulting Room, Newport, 331 cases who were referred to this Department for examination under the Blind Persons Act, 1920. The results of his examinations were 131 certified blind, 102 not blind and in 98 cases glasses were prescribed in order to prevent blindness.

In addition, Dr. E. D. Owen, Assistant Medical Officer, made 53 domiciliary examinations as the cases were unable to travel to Newport.

Grants are made to the unemployable blind after consideration of the cases by the Blind Persons Act Sub-Committee of the Public Health Committee and during the financial year 1937-1938, weekly grants were made to 415 persons, the total amount of the grants being £10,573, of which £1,163 was allocated to Public Assistance for domiciliary relief to sighted dependent wives and children under 16 years of age.

The Monmouth County Association for the Blind is very active in its efforts to provide social amenities for the blind persons on the County Register. A Christmas treat was organised in many of the districts and each blind person in the County received a gift of the value of 5/-. A Summer outing was arranged for Barry Island in July, 1937. A whole day was spent there and luncheon and tea provided. The same arrangements will be carried out in June, 1938.

The Association has been instrumental in obtaining free radio relay service for the blind in several districts and it has provided many loud speakers for the use of blind persons in connection with this service. In conjunction with the "Wireless for the Blind" Fund, the Relay Service is being extended, and two-valve and three-valve sets are being supplied to many blind persons. In various other ways the Association is constantly assisting in the social welfare of the Blind.

There are twenty local Blind Welfare Committees in the County helping in the work and we are glad to acknowledge their valuable aid.

The Monmouth County Association for the Blind will cease its activities on the 30th June, 1938, when it will be incorporated in the Association for the Blind of the County Borough of Newport and the Administrative County of Monmouth. The Secretary of the new Association is Mr. F. Lionel Watkins, 199 Chepstow Road, Newport, Mon.

Blind Registrations as at 31st MARCH, 1938.

TABLE I.—Age Periods.

0-1			1-5			5-16			16-21			21-40			40-50			50-65			65-70			70 and upwards			Total of all age groups		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1	...	1	2	1	3	7	11	18	6	7	13	22	33	55	23	26	49	83	102	185	71	68	139	171	172	343	386	420	806

TABLE II.—Ages at which Blindness occurred.

0—1			1—5			5—10			10—20			20—30			30—40			40—50			50—60			60—70			70 and upwards			Un-known		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
38	34	72	11	32	43	9	4	13	10	16	26	18	22	30	25	29	54	38	44	82	72	78	150	103	92	195	59	65	123	4	4	8

TABLE III.—Training and Employment. Age period 16 and upwards.

Employed										Undergoing Training.										Unemployable		TOTAL.							
By Blind Institutions.				All others not included in (a) & (b)			Total employed			Industrial			Secondary			Professional or University			Trained but unemployed			No training but Trainable		Unemployable		TOTAL.			
Workshops (a)		Home Workers (b)		M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.			M. F. T.		M. F. T.		M. F. T.			
M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.			
—	—	—	2	...	2	23	...	23	25	—	25	2	3	5	...	...	...	9	6	15	7	7	14	333	392	725	376	408	784

TABLE IV.—Physically and Mentally Defective.

(a) Mentally Defective			(b) Physically Defective			(c) (i) Deaf (ii) Deaf-Mute			Combination of (a) and (b)			Combination of (a) and (c)			Combination of (b) and (c)			Total		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
7	4	11	4	3	7	8	8	16	1	1	2	—	2	2	—	—	—	21	19	40

TABLE V.—Occupations of Employed.

	Ministers of Religion	Dealers (Tea Agents, Shopkeepers etc.)	Hawkers	Musicians & Teachers	Turners	Poultry Farmers	Masseur	Miscellaneous	Total.
Within Institutions for the Blind	...	...	...	...	...	...	...	...	...
In approved Home Workers Schemes	...	...	...	...	15	...	...	...	2
Others (not pastime Workers)	2	6	1	1	2	3	1	5	21
Total	2	6	1	1	4	3	1	5	23

TABLE VI.—Children of School age, 5—16.

	Normal.		Mentally Defective.		Physically Defective.	
	M.	F.	M.	F.	M.	F.
In Schools for the Blind ...	6	9	...	...	...	...
Other Schools ...	...	...	...	...	...	...
Not at School ...	...	...	1	2	...	...

TABLE VII.—Unemployable persons resident in Homes for the Blind, Mental Hospitals or Poor Law Institutions.

Homes for the Blind.		Mental Hospital.		Poor Law Institution.	
M.	F.	M.	F.	M.	F.
...	...	3	1	5	3
...	...	...	4	...	8



## APPENDICES.

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- I. Water Supply Schemes in the County.
  - (a) Monmouthshire County Council Bill, 1908.
  - (b) Abertillery and District Water Board.
  - (c) Rhymney Valley Water Board.
  - (d) Water Supplies in the Eastern Valleys, Agricultural Townships and Rural Areas.
- II. Sewage Disposal Schemes in the County.
  - (a) Western Valleys (Mon.) Sewerage Board.
  - (b) Rhymney Valleys Sewerage Board.
  - (c) Eastern Valleys (Mon.) Joint Sewerage Board.
- III. Report of the County Medical Officer upon the Blaenavon Housing Inquiry, 1913.
- IV. Housing and Public Health in County Districts—Supervisory Powers of the Minister of Health and the County Council, by T. Mervyn Jones, B.A., LL.B.
- V. Immunization against Diphtheria—1937.





## APPENDIX I.

### (a) Monmouthshire County Council Bill, 1908.

The County Council, conscious of its obligations under the Local Government Act, 1894, to exercise certain powers where a danger arises to the health of the inhabitants from the insufficiency of the existing water supplies, had on many occasions discussed the question of making the necessary provisions.

In 1895, Mr. Wm. Tanner, F.S.I., the County Surveyor, in his report to the County Council, drew their attention to the inadequacy of the supplies of water in various places of the County, and early in 1906 the County Council engaged Mr. Baldwin Latham, a renowned water engineer, to advise them and to report upon all the sources of supply and the requirements of the County generally. After a very exhaustive enquiry he submitted his report in October, 1906.

Mr. Latham recommended in effect the taking of water from the Grwyne Fawr, a valley adjoining the County and situate in the Black Mountains of Brecknockshire. Owing to its high altitude (approximately 2,600 feet above sea level) the water from this source would be delivered by gravitation to any part of the County. Another important factor in the selection of this site for the construction of works for impounding this water was that the site was off the coal measures and upon the old red sandstone, and thus there would be no danger of subsidence. It is an interesting fact to note that this same site was surveyed by the Metropolitan Water Board, and in 1907, they formulated a scheme for taking the water from this source to London. This scheme was defeated.

In 1908, the Monmouthshire County Council promoted a Bill, and on the 19th May, 1908, the Bill came for hearing before a Select Committee of the House of Lords, the Lord Newton being in the Chair. There was strenuous opposition to the Bill by private persons, industrial concerns, local authorities within the County, and also by the County Council of Brecknockshire. After a lengthy hearing the Bill was thrown out by the Committee, the preamble of the Bill being held as not proven. The petitioners against the Bill were not heard.

On making a retrospect of the past 30 years, one can truthfully hold that the rejection of this Water Bill was a tragedy, for time has proven to the hilt the wisdom of the County Council in promoting this Bill.

In the rejection of this Bill history repeated itself, for the opponents were vested interests mainly concerned for their own financial well-being and with little or no regard for the public weal. It has often been stated in the realm of preventive medicine that vested interests and the parish pump have been the

hindrances to the promotion and fruition of comprehensive schemes of water, sewerage and public health measures generally on a large scale for the advancement and well-being of units such as Administrative Counties, and to-day what with the heavy financial burdens of local water schemes and the want of adequate water supplies in certain areas, the rejection of this Water Bill is an indictment of the narrow-mindedness of its opponents. For many years to come Monmouthshire will have just cause to pillory these Phillistines.

The vision of this Bill in attempting to conserve water supplies for a large unit of area has to-day become the national policy, and had this County Water Bill been approved by Parliament, the enactment and that of the Taff Fechan Supply Board would have ensured a supply of wholesome water for all time for the majority of the industrial and rural areas in the Eastern portions of South Wales.

#### **(b) Abertillery and District Water Board.**

The Abertillery and District Water Board was formed under an Act of Parliament in 1910, and is responsible for the water supply to the Urban Districts of Abertillery, Abercarn, Mynyddislwyn and Risca, with a total population of 100,000. The chief work carried out has been the construction of the Grwyne Fawr Reservoir in the Black Mountains in Brecknockshire. The construction of the Reservoir was commenced just prior to the Great War, and at an estimated cost during that time of £250,000. During the War constructional works were suspended and much of the plant taken away for war purposes.

Soon after the Armistice the Board decided to proceed with the works by practically direct labour, the work on the dam and the main trunk being completed in 1928. The cost of the whole scheme being inflated to £987,000, and not £250,000 as originally contemplated.

The Reservoir is the highest above sea level in Great Britain, having a top altitude of 1,790 feet, with a capacity of 340,000,000 gallons. The water is conveyed into the Board's district at Cwmtillery through a steel main 16 inches in diameter, having a total length of 22 miles. From Abertillery a further main 12 inches in diameter passes through the Board's district for a distance of 11½ miles. This work, completed in 1928, has already proved of inestimable value in averting what would undoubtedly have been a water famine during the summers of 1928 and 1929, and other subsequent dry summers. Since the opening of the works, water amounting to about 1½ million gallons a day has been delivered into the Board's area, and with the subsequent construction of many colliery pit-head baths, the quantity to be used is likely to be increased substantially in the near future.

### (c) Rhymney Valley Water Board.

The Rhymney Valley Water Board acquired by the Rhymney Valley Water Act of 1921 the water undertakings of the Rhymney and Aber Valleys Gas and Water Company in the Rhymney Valley, and also those of the constituent Urban District Councils of Bedwellty, Bedwas and Machen, Caerphilly, Gelligaer and Rhymney. The purchase price of the undertaking was £237,836. Since then extensions have been carried out costing £61,000 under the powers conferred on the Board by the Rhymney Valley Water Acts of 1921 and 1926.

To augment its local supplies, the Board, being a Constituent Authority of the Taf Fechan Supply Board, has been entitled, since the 1st April, 1928, to receive from the Supply Board a minimum daily supply of 1,750,000 gallons and a maximum of 4,200,000 gallons. The reservoirs of the Supply Board consist principally of the Taf Fechan Reservoir, completed in 1927, and situate at Dolygaer and Pontsticill in the lower reaches of Brecknockshire some 8 to 10 miles north of Merthyr Tydfil. It has a capacity of 3,400 million gallons, with a daily yield, after provision for compensation water, of 12 million gallons. The Upper and Lower Neuadd Reservoirs at Rhymney are used for supplying the upper reaches. The total capacity of the Reservoirs is 3,714 million gallons, and the daily yield, after provision for compensation water is 16 million gallons. The Rhymney Valley Water Board obtains its supply from the Taf Fechan Supply Board principally through the Taf Fechan subsidiary supply reservoirs at Trelewis, and from which point the water is delivered through the 24 inch and 15 inch aqueducts into the existing trunk main at Pengam. This enables water to be delivered anywhere in the Rhymney Valley from Troedrhiwfuwch to Machen, independently of the condition of the local supplies upon which the upper part of the area usually depends. A supply from this subsidiary reservoir at Trelewis is also obtained for Nelson. High level water is obtained from the Neuadd Reservoirs at Rhymney Bridge and also from a supply situate at Fochrhiw.

### (d) Water Supplies in the Eastern Valleys, Agricultural Townships and Rural Areas.

*Abergavenny.* The district is served by the Corporation Waterworks, and the supply of water is obtained from springs and conveyed by cast iron main service to a Service Reservoir of approximately 7,500,000 gallons capacity, which allows for a daily yield of about 260,000 gallons.

*Blaenavon.* The Blaenavon Urban Council are the water authority for this area. Supplies of water are obtained from local springs which have an average daily yield of 380,000 gallons. There are three reservoirs for storage.

*Chepstow.* The whole of the district is served by the Chepstow Water

Board and water is obtained from springs and borings. Several small reservoirs for storage are in use.

*Cwmbran.* The Cwmbran Urban District is supplied with water by the Llan-trechfa Upper and Llantarnam Water Board. The Board obtains its water from two main springs and watercourses draining from a catchment area of about 220 acres on Mynydd Maen. The water is passed through tanks and a sedimentation reservoir of about  $2\frac{3}{4}$  million gallons capacity to a main impounding reservoir of about 7 million gallons capacity. Bulk supplies can be taken when required from the Newport Corporation and the Pontypool Gas and Water Company by agreements between these undertakings and the Board.

*Monmouth.* The Monmouth Gas and Water Company provides water to the Municipal Borough. The supply is obtained from the River Wye and from two springs. The quantity available daily is approximately 200,000 gallons.

*Pontypool.* The Pontypool Urban area is supplied by the Pontypool Gas and Water Company. The sources of supply are wells, boreholes, springs and brooks.

*Usk.* Usk is supplied partly by the Usk Water Company, the water being obtained from springs. There are also numerous private wells from which supplies are obtained.

*Rural Areas.* The water supplies to the rural areas vary considerably, due mainly to the scattered nature of the population. When parishes of the rural areas are in close proximity to the more populous areas water is obtained from the urban supplies.

Portions of the Magor and St. Mellons area receive water from the Newport Corporation supplies and from the Cardiff Corporation supplies.

Numerous smaller schemes have been inaugurated to deal with the other more thickly populated parishes. Chepstow Rural District Council obtains supplies from several sources. Water from the Severn Tunnel is delivered to Caldicot and the surrounding district.

Generally speaking it is correct to state that the rural authorities depend in the main upon wells, springs, boreholes and numerous minor storage and distributing arrangements, but in many areas the supply is not adequate.

If the Monmouthshire County Council Bill of 1908 had become law, the supply and distribution of water would have been dealt with on a County basis to the decided advantage and benefit of the whole of the urban and rural areas.



## APPENDIX II.

### (a) Western Valleys (Mon.) Sewerage Board.

On several occasions prior to the year 1892 the Monmouthshire County Council had under consideration the insanitary state of the Monmouthshire Valleys and the pollution of the rivers, and in that year the late Mr. W. Tanner, the County Surveyor, prepared a scheme for the main drainage of the Eastern, Western and Sirhowy Valleys by a through arterial system discharging the drainage of the Urban Districts into the Bristol Channel.

In 1895 the County Council further considered the matter and the attention of the various local councils was called to the position of affairs, but action was postponed as at that time the Local Government Board had sent an Inspector (Dr. Thompson) to inspect and report upon the sanitary condition of the Mining Valleys of Monmouthshire. Later the representatives of the Abertillery, Ebbw Vale, Tredegar, Risca, Bedwellty and Mynyddislwyn Councils met together and ultimately decided that a main Trunk Sewer was necessary for the Sirhowy and Western Valleys.

In the autumn of 1902 a Bill was deposited in Parliament for powers to construct a main Trunk Sewer from Ebbw Vale and Nantyglo to the Bristol Channel, and to include Nantyglo and Blaina Urban District in the scheme. Many and varied petitions were lodged against the Bill and strenuous opposition was offered to the proposals, amongst the chief opponents being the Newport Corporation, the Great Western Railway, Newport Harbour Commissioners, Ebbw Vale Steel, Iron and Coal Co., and Guest, Keen and Nettlefold, Ltd. In the severe Parliamentary battle the promoters were fortunate in having the sympathetic support of the first Viscount Tredegar, the Llanover Trustees, the Hanbury Estate and the Cardiff Corporation.

When the promoters deposited their Bill in Parliament they expected support from Newport inasmuch as the County Borough derived a large proportion of its wealth from the Valleys. Again history repeated itself, for Newport showed little regard for the health of the "people of the Hills" and she became one of the bitterest opponents of the Bill although the County Borough itself within its own confines was pouring its crude sewage into the River Usk and is to-day the outstanding polluter of the River.

The Western Valleys (Monmouthshire) Sewerage Board Act became law on the 14th August, 1903, and provided for the constitution of the Western Valleys Sewerage Board. During the promotion of the Bill the Nantyglo and Blaina Council became parties to the scheme. Under the Act the Abertillery, Ebbw Vale, Tredegar, Nantyglo and Blaina, Abercarn, Risca, Bedwellty and Mynyddislwyn Urban districts were regarded as one area for the purposes of

the scheme, each district contributing to the cost in proportion to its rateable value. A portion of the Magor and St. Mellons Rural district, including Rogerstone, Rhiwderin, and Bassaleg, were also dealt with on a contributory basis.

The main sewers under the direct control of the Board are over 50 miles in length, and the various subsidiary sewers connected thereto total about 150 miles. The trunk sewers commence at Nantybwnch at the head of the Sirhowy Valleys, and at Beaufort and Nantyglo, the sources of the Ebbw Valleys, proceeding downwards to a tank sewer near Tredegar Park which has a capacity of about three million gallons. From this storage tank the sewage is conveyed in cast iron pipes  $2\frac{1}{2}$  feet in diameter through the Wentloog level into the Outfall at the Bristol Channel. Construction of the works commenced in 1905 and was completed in 1910 at a total cost of £389,000. The scheme has worked admirably, although repairs are necessary from time to time mainly owing to subsidence from colliery workings. The benefit to the health of the constituent districts has been great, the mortality rate showing a substantial fall since the completion of the scheme.

#### **(b) Rhymney Valley Sewerage Board.**

The Rhymney Valley Sewerage Board was constituted by the Rhymney Valley Sewerage Act of 1912, and the borrowing powers under this Act were £262,413. Owing to the hostilities of the Great War and the changed conditions arising therefrom, the costing figures rose very considerably and on the 23rd December, 1919, a Provisional Order was made by the Ministry of Health which increased the borrowing powers from £222,000 to £560,000. Subsequently it became apparent that the works could not be completed within this new amount, and in 1922 a further Provisional Order was made increasing the borrowing powers to £720,000. The actual cost of the works when completed in 1926 was £662,846.

The whole of the sewage from the Bedwas and Machen, Caerphilly and Rhymney Urban Districts, and the Rhymney Valley portion of Mynyddislwyn now enters the Trunk Sewer, whilst the subsidiary sewers of the greater portions of the Bedwellty and Gellygaer Urban Districts in the Rhymney Valley are also connected to the Trunk Sewer. Facilities are also afforded to the Magor and St. Mellons Rural District Council for the drainage of their Machen and St. Mellons areas. Under an agreement the sewage from the Parish of Van, in the area of the Cardiff Rural District Council, is also conveyed to the Trunk Sewer. The result of these provisions has been to reduce very considerably the pollution of the Rhymney River, as well as to enhance the health and well being of the inhabitants.

It may be noted here that originally it was contemplated to provide a partial scheme for the Rhymney Urban District and the Rhymney Valley

portions of the Bedwellty, Gellygaer and Mynyddislwyn Urban areas, with treatment disposal works at Ystrad Mynach, but at a Local Government Board Enquiry at Hengoed in 1910, this proposal was strenuously opposed by the Monmouthshire County Council, much to the annoyance of the presiding engineering inspector. Fortunately this proposal was not approved and the main trunk sewerage scheme advocated by the County Council succeeded.

### **(c) Eastern Valleys (Mon.) Joint Sewerage Board.**

To those who have been privileged behind the scenes in local government circles in Monmouthshire during the past generation or two, the Eastern Valleys sewerage question stands out almost as a chapter of romance, with serio-comic turns at times, and during that era no other public health question in Monmouthshire has given rise in its attempted solution to such bitterness and opposition, nor so much money spent for nought.

Tempers were frayed, angry words spoken, and good-will shaken. Yet it is a long lane without a turning; dawn is breaking upon the horizon, giving one a glimpse of its halo of peace, and with the crimson tint that heralds achievement, the promise of financial help through the Special Fund of the Distressed Area restores good-will once again.

Its potent events make interesting recital and emphasise the one outstanding fact in all the negotiations—the disagreement of the County Council with the Local Government Board as to the right solution of this problem, and this was revealed during the Parliamentary proceedings.

As far back as 1875 Dr. Oghill, an Inspector of the Local Government Board, reported upon the polluted state of the Avon Llwyd, and in 1892 and 1896 his reports were supported by surveys conducted by the late Mr. Wm. Tanner, County Surveyor, and Mr. Thompson, another Local Government Board Officer.

In 1893 the Abersychan Urban Council, having been approached by the Local Government Board, appointed a Committee to go into the matter, but little seems to have been done.

In 1909 the County Council requested the County Medical Officer to report upon the sewerage of the Eastern Valleys. His report was considered by the County Public Health Committee in April, 1910, and by the County Council in May, 1910, and as a result of this report two schemes came to the fore. The Abersychan Council put forward a complete Valley scheme known as the Ponthir Scheme, in which it was proposed to carry the sewage to Ponthir, purify it there and pour the effluent into the Avon Llwyd. On the other hand, three of the Councils, Panteg, Pontypool and Llantarnam, decided to promote

a Bill embodying what was known as the Pill Mawr scheme. This scheme was also a complete Valley scheme and after sedimenting the sewage at Pill Mawr the effluent was to discharge into the Usk at a point three miles nearer the sea than the discharge of effluent from the Ponthir Scheme. The Usk is tidal for a distance of  $13\frac{1}{2}$  miles and the suggested point of discharge of the effluent into the Usk is three miles below the junction of the Avon Llwyd with the Usk, and about 7 miles above the Bell Buoy in the Bristol Channel. The Usk is tidal for a distance of 11 miles above the point of discharge at Pill Mawr.

The position now was that two alternative Bills were being promoted for two rival schemes, each with a different treatment works and outfall.

The County Council, acting upon the advice of the County Medical Officer, again entered the field and called a conference of the Local Authorities to try and arrange matters. The proceedings, although frequently difficult, were not without humour.

On the 2nd February, 1911, the Local Government Board wrote to the Clerk of the Abersychan Urban Council in reply to a letter received from Messrs. Lees & Co., applying for the Board's approval under the Borough Funds Act, of 1872, to the promotion by the Abersychan Urban Council of the Avon Llwyd Bill, 1911 (Ponthir Scheme). This letter of the Local Government Board also pointed out (i) that two of the Councils (Blaenavon and Llanfrechfa Upper) were not desirous of joining either of the two schemes, (ii) the provisions of section 279 of the Public Health Act, 1875, and (iii) that under the circumstances they were not prepared to approve of the promotion of either of the Bills, and suggested that a Conference of the six Local Authorities be convened at which an Engineer of the Board would preside.

On the 8th and 9th March, 1911, an Engineering and a Medical Inspector (Mr. A. G. Drury and Dr. L. W. Darra Mair), held a Conference at Pontypool. Their report favoured the Pill Mawr Scheme and which was not the scheme favoured by the County Council. When proceeded with later it was thrown out by the Select Committee of the House of Lords.

On the 18th January, 1912, a Local Government Board Inquiry was held for the formation of a Joint Sewerage Board, and on the 28th May, 1912, a Provisional Order was made by which a Joint Board was formed for the whole of the Valley. By Article 15 of that Order an obligation was placed upon the Joint Board to proceed with a scheme for the construction of an intercepting and outfall sewer.

The Provisional Order came before Parliament (House of Commons) for confirmation in July, 1912, and a Bill was passed confirming the Order, and on the 25th July it came before the House of Lords, and on the 13th December, 1912, Royal Assent was given to the Confirming Act.



The position eventuating was that the Board had either during 1914 or at the latest, the Parliamentary Session of 1915, an obligation placed upon them to put forward a scheme before Parliament. The expenditure incurred up to this time was said to be in the region of £11,000 to £12,000.

On the 26th September, 1914, a letter from the Local Government Board was received by the Clerk to the Board, in which the Local Government Board pointed out the Board's obligations under the Provisional Order and instructing them to proceed. This resulted in a meeting of the Board being called on the 30th September, 1914, and a resolution was passed instructing the Clerk to take the necessary steps to promote a Bill.

On the 14th October, 1914, Mr. Raikes, of the firm of Messrs. Willcox and Raikes, Birmingham, was appointed Engineer.

On the 20th October, 1914, a further Board meeting was held, Mr. Raikes being present. He submitted a report in favour of the Ponthir Scheme. The report was sent to the Local Government Board and on the 30th October, 1914, an adjourned meeting of the Board was held, when it was decided to send a deputation on the 6th November, 1914, but nothing came of this.

On the 6th November, 1914, at a further adjourned meeting of the Board, it was resolved by 19 votes to 1 to promote a Bill for the Pill Mawr Scheme.

This Eastern Valleys (Mon.) Joint Sewerage Board Bill came before the Select Committee of the House of Lords on the 22nd April, 1915, The Lord Newton in the Chair.

Mr. Honoratus Lloyd, K.C., Mr. Vesey Knox, K.C., and Mr. Tyldesley Jones appeared as Counsel for the Promoters (Messrs. Lees & Co., agents).

The Bill was opposed by the following, petitions having been filed against the Bill.

- (1) The Blaenavon Co., Ltd., Mr. H. W. Beveridge, Counsel.
- (2) The Newport Corporation and the Newport Harbour Commissioners. The Hon. J. D. Fitzgerald, K.C., and Mr. F. N. Keen, Counsel.
- (3) The Great Western Railway Co. Counsel reserved.
- (4) John Capel Hanbury. The Hon. Evan Charteris, Counsel.
- (5) Edward Steer. Mr. F. N. Keen, Counsel.
- (6) Sir John Clifford Cory, Bart. Mr. A. J. Ram, K.C., Counsel.
- (7) Matilda Ford. Mr. Lewis Coward, K.C., Counsel.



On the 29th April, 1915, when the provisions of the Bill were taken and evidence given, Mr. Charles Knight, a representative of the Local Government Board, made a statement, this being purely a statement upon the capacity of the proposed Main Sewer, as between 120 gallons and 180 gallons. The 120 gallons was the Board's proposal in the Bill and calculated as per 20 gallons per head of the population for the dry weather flow, this flow being increased six times before the storm water overflows come into operation.

On the 3rd May, 1915, Mr. Sidney R. Lewcocks, an Engineer, Mr. John Duncan Watson, the Engineer of the Birmingham, Farme and Rea District Drainage Board, Dr. W. E. Adeney and Dr. Edmund A. Letts gave evidence in support of the Bill.

On the 4th May, 1915, Mr. H. Stafford Gustard, the Clerk to the Monmouthshire County Council, gave evidence as to the resolutions passed by the County Council.

On the same day the County Medical Officer, Dr. Rocyn Jones, gave evidence and stated that he had received instructions in 1909 from the Public Health Committee to investigate the pollutions of the Avon Llwyd. His report was considered by the Public Health Committee on the 15th April, 1910, and a resolution was passed calling for a Conference of Local Authorities, three members from each Council concerned to be invited, and this meeting took place at the County Council offices on May 27th, 1910. Representatives attended from the following Councils: Abersychan, Blaenavon, Caerleon, Llanfrechfa Upper, Llantarnam, Panteg and Pontypool Urban District Councils, and also from the Pontypool Rural District Council.

The question was again discussed by the County Council Public Health Committee on the 17th August, 1910, when a letter was read from the Clerk to the Panteg Urban District Council.

A Joint Conference was held on the 4th October, 1910, at which both Schemes were put forward, the Conference adjourning to the 9th December, 1910.

On the 9th July, 1911, a letter was received by the County Council from the Local Government Board and was considered by the Public Health Committee on the 20th July, 1911. A resolution was passed adhering to their previous resolutions in favour of a Joint Board being formed under an Act of Parliament, rather than by a Provisional Order under the Public Health Act, 1875. It was also resolved that Aldermen Mulligan and Raffan and Councillor Forestier-Walker be the County Council representatives, together with the Clerk and the County Medical Officer, with power to obtain the appropriate legal assist-

ance. When the two Bills were first promoted the County Council favoured the Ponthir Scheme.

The position was again considered by the County Council on the 3rd February, 1915, when the report of the County Parliamentary Committee dated the 15th January, 1915, and that of the County Surveyor on the Eastern Valleys (Mon.) Joint Sewerage Board Bill, were received and adopted. It was decided to support the Bill and the Chairman of the Council, the Clerk and the County Medical Officer were requested to give evidence on behalf of the County Council before the Select Committees of Parliament.

In reply to Lord Charnwood the County Medical Officer explained the reasons why the County Council now decided to support the Pill Mawr Scheme in preference to their original choice—the Ponthir Scheme.

Evidence in opposition to the Bill followed.

On the 11th May, 1915, the Lord Chairman intimated that the Committee were not prepared to sanction the scheme, but were prepared to extend the time limit, making it obligatory for the Board to introduce in the next session of Parliament a Bill embodying fresh proposals or to apply to the Local Government Board for a Provisional Order, but later, after hearing a petition of the Newport Corporation, the time limit was increased to three sessions, being the year 1918.

The Eastern Valleys (Mon.) Provisional Order Confirmation (No. 9) Act, dated 8th May, 1923, declared that if the provisions mentioned in the Order of 1912 had not been obtained by 1928 (end of Parliamentary Session) the Confirmation Act of 1923 is repealed and the United District Board abolished.

Although the Eastern Valleys (Mon.) Joint Sewerage Board had ceased to exist, interest was still maintained in the establishment of a Joint Board and the construction of a Trunk Sewer.

During 1929 the Llantarnam and Llanfrechfa Upper Urban Councils combined in the preparation of a joint sewerage scheme for their areas, with sewage disposal works at Llantarnam. The disposal works made provision only for partial treatment of the sewage by sedimentation and settlement, while the resultant effluent to be turned into the Avon Llwyd was not of a high standard. It was a temporary compromise, and the works were completed in 1930.

The County Council, having regard to their support of a main Trunk Scheme for the whole of the Eastern Valleys, were vitally concerned with this scheme of the two Councils and they agreed after a Conference at the Ministry of Health, London, to withdraw their opposition subject to the scheme being

linked up with a major scheme for the whole of the Eastern Valleys when such a scheme would be promoted.

During 1937 meetings of all the authorities in the Eastern Valleys were held and it was decided to go forward with a scheme for a Main Trunk Sewer and the formation of a Joint Sewerage Board. An application for a grant toward the cost of construction of the trunk sewer and the disposal works was made to the District Commissioner for Special Areas (Captain Geoffrey Crawshaw), and through his good offices a substantial grant towards capital expenditure was promised.

The Councils concerned were :—

Blaenavon Urban District;

Pontypool Urban District—which prior to 1935 comprised the Urban Districts of Abersychan, Pontypool and Panteg); and

Cwmbran Urban District—(which prior to 1935 comprised the Urban Districts of Llantarnam and Llanfrechfa).

A comprehensive scheme was ultimately prepared by Mr. John Taylor, Consultant Engineer, Westminster, comprising a Main Trunk Sewer from the top end of Blaenavon to disposal works at Pontthir. The scheme makes provision for future development, utilisation of the present works at Llantarnam for storm water storage, and provision at the disposal site at Pontthir for full treatment of the sewage upon modern lines with a discharge of a high standard effluent into the Avon Llwyd.

Mr. Neilson, an Engineering Inspector of the Ministry of Health, held an Inquiry at Pontypool on the 6th November, 1937, into the application of the Local Authorities concerned for an Order constituting a united district for the purposes of sewerage and sewage disposal. The Minister of Health has approved the application, but the actual scheme of works has yet to be enquired into and approved.

It is confidently hoped that the actual construction work entailed in the approved scheme will be commenced at an early date, and its completion will bring the Eastern Valleys into line with the other valleys in the industrial portion of the County, where Trunk Sewer Schemes are already in being and controlled by Joint Boards composed of representatives of the constituent authorities, with decided advantage to the communal health.

## APPENDIX III.

## Report of the County Medical Officer upon The Blaenavon Housing Inquiry, 1913.

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### A.—Brief Résumé of Inquiry.

The above Inquiry was held at Bleanavon on the 13th and 14th November, 1913, by Mr. E. Leonard, an Inspector of the Local Government Board, in consequence of the complaint embodied in the resolution passed by the County Council on the 6th day of August last, which was as follows :—

*“There were 44 members of the Council present when the resolution was passed. 41 members voted for the resolution and 2 members against. One member did not vote. 32 members were absent.*

*Resolved—That the County Council of Monmouthshire do hereby make formal complaint to the Local Government Board under Section 10 of the Housing, Town Planning, etc., Act, 1909, that the Urban District Council of Blaenavon have failed to exercise their powers under part III. of the Housing of the Working Classes Act, 1890, in regard to the provision of dwellings for the working classes in the Urban District of Blaenavon, and that the case is one in which those powers ought to have been exercised.*

#### *Statement as to Grounds of Complaint.*

*The principal grounds on which the complaint is based are as follows :*

1. *Overcrowding of houses, which cannot at present be remedied owing to the dearth of housing accommodation.*
2. *Houses*
  - (a) *in need of structural alterations to make them properly habitable,*
  - (b) *which ought to be closed,*  
*which cannot at present be dealt with owing to the lack of sufficient housing accommodation.*
3. *The special report of Dr. Morgan Rees, the Medical Inspector of the Board, upon the sanitary circumstances and administration, etc., of the Urban District of Blaenavon.*
4. *The reports of the Medical Officer and Sanitary Inspector to the Blaenavon Urban District Council—copies of which have been sent to the Board”.*



The County Council were represented at the Inquiry by Mr. W. J. Jeeves, Barrister-at-law, London, and Mr. H. Stafford Gustard, Clerk and Solicitor to the County Council; and the Urban District Council were represented by Mr. John Moxon, Solicitor, Newport.

Mr. Jeeves in opening the case for the County Council stated that the resolution on August 6th—

“was passed by the County Council of Monmouthshire with very great regret, that regret being due to the fact that they do really regret having to press an Urban Council to do what they regard as the manifest duty of that Urban District Council, *viz.*, to properly provide for the housing of the people in their district. They also passed that resolution with a full sense of responsibility as to its meaning, and when I say that, Sir, I mean that they had well before them the provisions of Section 10 of the Housing and Town Planning Act, 1909, to which I wish to shortly refer later: they realise that under that Act, of course, there were conditions which had to be considered before any order could be made on their representations; and they not only realised that there were those conditions to be complied with under the Act, and they fully realised that those conditions were fully reasonable and proper; but they desired that the conditions should be considered altogether apart from the fact that they have to be considered under the Act. What they desire is that you shall consider in that way from the evidence, the necessity for further provision for the housing of the working classes in the district. I do not know what the Blaenavon Council are going to say on that matter, but I imagine from the facts before me that there will not be much discussion upon the necessity for housing accommodation in this district being extended. Their case will probably be as to the probability of other housing accommodation being provided in other circumstances than the case I have to lay before you. Again I have ample evidence there to satisfy you, Sir, that there is very little probability, or indeed no evidence there to satisfy you, Sir, that there is very little probability, or indeed no probability at all, that the required accommodation will be provided unless the Urban Council do provide a certain amount of housing accommodation, and that by exercising the powers which have been conferred upon them by Parliament. I wish to merely say here that I have ample evidence to establish my case, and that being so, I think it would be a waste of your time if I recapitulated all the evidence and then called my witnesses. I take it, however, that you desire me to briefly indicate the lines on which we desire to present the case. Three points have already been mentioned in the resolution of the County Council which I have read. And then there is a fourth point as to whether or not, having regard to the liabilities of the Blaenavon Urban Council, it is competent for the Local Authority to undertake a housing scheme.



There I shall be able to convince you that there is an ample margin of borrowing power to enable the Blaenavon Urban District Council to undertake this all-important work. I think I shall be able to convince you, Sir, that having regard to the rateable value of this District, it can be done. The rates are not at all exorbitant, and even though there may be some small burden as the result of this housing scheme being carried into effect, it would be cheerfully borne by the workers of the District who desire this housing accommodation. But I think we may be able to show that the risk of that loss is very small, and that because the rents that prevail in the district, are such as to provide for the necessary interest, sinking fund, and repairs on any house erected; and if the Urban District Council build themselves in a businesslike way, we say that they can provide the houses without any loss at all. So if you look at it from that point of view, we hope to convince you, and the Board, that there is nothing that can be an answer to the need that we submit there is for these houses, and that the Urban District Council should provide the accommodation that is so greatly needed".

Evidence in favour of the County Council was given by:—

1. A number of local witnesses who recited their own personal experience of the shortage of habitable workmen's dwellings, and their own difficulty in obtaining suitable houses.
2. Councillor W. L. Cook, who spoke from his official knowledge as assistant Miners' Agent, of the insanitary housing conditions under which the working classes were living in the district.
3. The County Medical Officer, who, in addition to supporting the reports already furnished officially to the Local Government Board, the County Council, and the local Urban Council, brought forward, for the first time, special detailed reports, viz.:—
  - (a) Sixteen instances where overcrowding was officially reported to the Blaenavon Council, and in which no action was taken by the local Council.
  - (b) Fifty-five cases of gross overcrowding.
  - (c) Seventeen cases in which separate sleeping room accommodation for the sexes was impossible, and which indecent conditions of living could not be remedied owing to the shortage of houses.
  - (d) Special report upon the local incidence of Tuberculosis and the housing conditions connected therewith.
  - (e) Special report upon the local facts furnished by the Census Returns, 1911, and deductions therefrom.

On the second evening of the Inquiry, the Local Council, acting upon the

advice of their Solicitor, abandoned their defence, as will be gathered from the following extracts from the shorthand notes of the proceedings:—

*“Mr. Moxon:—*Well now, sir, I take it we have finished with Dr. Rocyn Jones. I have avoided cross-examining Dr. Jones upon any figures given in the table he supplied me last night, as I have not had an opportunity of checking those tables, and I understand that during the adjournment, you, with Dr. Jones or his deputy, and some of the Council officials, have made an inspection of some of these properties, and what has occurred to me is this: I came to meet an Inquiry, viz., mainly upon the letter which Mr. Gustard, Clerk to the Monmouthshire County Council, addressed to us, giving a report of a resolution, passed by the Council in August last, suggesting that we had not carried out as effectively as we should have done the matters mentioned in certain reports. In paragraphs 3 and 4 of Mr. Gustard’s certificate of the copy of the resolutions, we have the position set out, and I think it will be difficult for me to say—indeed my Council have not the least desire to ask me to suggest to you that they desire to perpetuate any state of affairs that would be inimicable to the interests of my district and the sanitary circumstances of Blaenavon as indicated by Dr. Rocyn Jones, and I think it would be convenient if at this stage you would adjourn the Inquiry for, say, half an hour, and if during that adjournment we might have the help and co-operation of yourself, and possibly at a later stage Mr. Jeeves and Dr. Rocyn Jones, I think much valuable time would be saved, and I believe a conclusion would be arrived at which would be satisfactory to you and your Board, and the town of Blaenavon in general.

*Mr. Jeeves:—*May I say, Sir, that if you desire to accede to the application of my friend, I am quite willing that you should do so, because we should be glad of any such result which Mr. Moxon suggests is possible. We should be very glad indeed if a settlement did result.

*The Inspector:—*I think it is rather a wise course to adopt, in view of my inspection in company of the officers of the Blaenavon Council and the County Council. I will therefore adjourn the Enquiry for half an hour. I shall be glad if the public will clear the room for half an hour, and then I shall be pleased if they will return.

The Inquiry was then adjourned for fifty minutes, and when it was resumed,

*The Inspector, addressing the public, remarked:*

I am sorry you have had to be kept waiting so long, and I will now ask Mr. Moxon to read something which he has.

*Mr. Moxon*:—May I say, Sir, that we are much obliged for your having granted us the indulgence we asked for of half an hour's adjournment. The adjournment time has not been wasted. I have had an opportunity of consulting with the members of the Council. I have consulted with the Council, who have authorised me to make the following statement:—

'That in view of the numerous cases of insanitary and overcrowded dwellings in our area, which were brought to our notice last night, we, the undersigned, being fifteen out of the eighteen members of the Urban District Council of Blaenavon.'—

*Mr. Moxon* interjected:—That is, all the members present in the room now.

*Mr. Jeeves*:—And one of those who is not here is Mr. Cook, and we know what he thinks.

Continuing reading, *Mr. Moxon* said:—

'desire to have an opportunity of submitting proposals with a view to remedying the same, including the appointment of a house-to-house Inspector, and a carrying out of a house-to-house inspection under Section 17 of the Housing of the Working Classes Act, 1909, and as part of these proposals we pledge ourselves at the next regular meeting of our Council on the 26th instant, to vote for and support a definite Part III., Housing Scheme under the Housing of the Working Classes Act of 1890, for the provision of 50 houses at least, this number in our view being adequate, having regard to the 63 houses provisioned to be built by private enterprise during 1914, the understanding being that this Inquiry is adjourned *sine die* to enable the Council to give full effect to the foregoing undertaking, given to you verbally by the Solicitor to the Council.

Dated November 14th, 1913.

To E. Leonard, Esq.,

H.M. Inspector, L.G.B., Whitehall,'

*Mr. Moxon*:—That is an undertaking given in very definite and explicit terms, and in so far as those terms can be made definite and explicit they contain the unanimous wish of the whole of the members of the Council present. It is their wish and desire to perform their duty in accordance with that undertaking.

*Mr. Jeeves*:—May I say on behalf of the County Council, my clients, that we are quite contented that the adjournment should be *sine die* on the terms of that resolution, because to our mind that means that the Blaenavon District Council are definitely committed to do what shall be found

necessary to tackle both the overcrowding and bad housing conditions in this district. We are quite content that they should start with the 50 houses in addition to the 63, and if, as we do not believe, that shall be found sufficient to erect, we shall be quite satisfied. On the other hand, if experience shows that it is not sufficient, we believe, that the Council will, having committed themselves to a policy, and having found the benefits of that policy, that they will be quite as desirous as the County Council to continue that policy. We desire to have it dealt with thoroughly, and we accept the resolution in that way. I may, perhaps, on behalf of the County Council of Monmouthshire, be permitted to congratulate the Blaenavon Urban District Council on their committal to so definite a scheme and, as we believe, so good a policy, in the interests of the health of this district.

*The Inspector*:—Thank you. I should like to say here that I think, from my inspections to-day, and from the evidence we had last night and to-night, that I think the Local Authority, with the members of the Council present, are doing a wise thing just now in passing this resolution. I therefore propose to adjourn this Inquiry *sine die* to enable the District Council of Blaenavon to put that resolution into action.

*Mr. Moxon*:—I should like, Sir, before the Inquiry is adjourned, to formally move hearty thanks to you for your conduct of the Inquiry, and your intelligent grasp of the situation, which has certainly assisted the Council to bring it to such a satisfactory termination in the interests of the public.

*Mr. Jeeves*:—I entirely agree, Sir, with what Mr. Moxon has said, and on behalf of myself and my clients I desire to thank you also, and I may say that the inhabitants of Blaenavon will also desire to thank you for the way in which you have conducted the Inquiry.

*The Inspector*:—Thank you. The Inquiry is adjourned”.

*B.—MINUTES passed by the Urban District Council of Blaenavon at the ordinary Council Meeting held on November 26th, 1913, to give effect to the informal undertaking given to Mr. Leonard on November 14th, 1913.*

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The Clerk reported that a Public Inquiry had been held in Blaenavon on the 13th and 14th inst., by Mr. E. Leonard, an Inspector of the Local Government Board, with reference to the complaint by the Monmouthshire County Council that this Urban Council has failed to exercise its powers under Part III of the Housing of the Working Classes Act, 1890, and asking that this Council should be declared in default under Section 10 of the Housing and Town Planning Act, 1909.



The evidence called in support of the complaint revealed the existence of a number of insanitary and overcrowded dwellings within the area of this Council and whilst this Council was in a position to prove conclusively that almost all the matters complained of in the house-to-house inspection made by Mr. Widdowson last year, had now been remedied, the members of this Council who were present at the Inquiry considered it was in the best interests of the ratepayers that this Council should be recommended to supplement the number of houses now being built by private enterprise, by building a limited number under a Scheme to be formulated in accordance with the provisions of Part III of the Housing of the Working Classes Act, 1890.

Acting upon the advice of the Council's Solicitor, an undertaking was signed and given to the Local Government Board Inspector, in the form following :—

"That in view of the numerous cases of insanitary and overcrowded dwellings within our area that were brought to our notice last night, WE, the undersigned, being fifteen out of the eighteen members of the Urban District Council of Blaenavon desire to have an opportunity of submitting proposals with a view to remedying same, including the appointment of a House-to-House Inspector and the carrying out of a House-to-House Inspection under Section 17 of the Housing of the Working Classes Act, 1909, and as part of these proposals we pledge ourselves at the next regular meeting of our Council on the 26th instant to vote for and support a definite Part III. Housing Scheme under the Housing of the Working Classes Act, 1890, for the provision of 50 houses at least. This number in our view being adequate, having regard to the 63 houses promised to be built by private enterprise during 1914.

The understanding being that this Inquiry is adjourned *sine die* to enable the Council to give full effect to the foregoing undertaking given to you verbally by the Solicitor to the Council.

(Signed), D. Watkins	S. Godfrey
Harry L. Jones	T. W. Ruthel
H. Stanley Witchell	Tom Simmonds
H. J. Gwillim	George Dando
Wm. Jones	W. Mortimer
Isaac Wathen	J. Skuse
R. Ll. Morris	James Magness
Rees Jones	

Dated, November 14th, 1913.

To E. Leonard, Esq., H.M. Inspector,  
Local Government Board, Whitehall."



The Local Government Board Inspector thereupon adjourned the Inquiry *sine die*, and expressed his approval of and acquiescence in the course taken by the above-named members of this Council, which he thought was the best in the interests of all concerned.

Notice of motion to give due effect to the foregoing informal undertaking having been received by the Clerk from Councillor H. S. Witchell—the whole matter was discussed at length by the Council with their legal adviser, and it was ultimately resolved as follows:—

On the motion of Mr. Councillor Witchell.

Seconded by Mr. Councillor Cook,

1.—That a permanent Committee, to be called the "Health Committee" be, and same is here constituted to deal with all matters affecting the Public Health and Sanitary Circumstances of this District, including matters arising out of the provision of the Public Health Acts, the Housing and Town Planning Acts and Statutes ejusden generis and the various statutes relating to Infectious and Contagious Disease. The Health Committee to meet monthly or oftener if required and to embody their decisions and recommendations from time to time in the form of a report for consideration at the then next meeting of this Council. The following members were elected upon the Health Committee, viz., Councillors Cook, Godfrey, Wathen, Harry Jones, Skuse, Witchell, with Chairman of Council for time being, and they shall hold office until the                      day of                      next.

2.—This Council having considered the provisions of Sub-Section 1 of Section 17 of the Housing and Town Planning Act, 1909, are desirous of making further and better provision for the due and systematic inspection of their District as required by this Act, and it was further resolved as follows, on the motion of Mr. Councillor Harry Jones, seconded by Mr. Councillor H. S. Witchell—That Mr. Richard Samuel Widdowson be and he is hereby designated and appointed as the Officer of this Council to act under the direction and supervision of the Medical Officer of Health in making an inspection of every dwelling-house in this Urban District, with a view particularly to ascertain and report to the Health Committee whether any dwelling-house therein is so dangerous and injurious to health as to be unfit for human habitation. And it shall be the duty of such Officer to keep detailed and accurate records of every visit of inspection so made by him, and also of the various matters and things detailed in Articles II. and III. of the Regulations made by the Local Government Board (dated 2nd September, 1910), under Section 17 (1) of the Housing and Town Planning Act, 1909. And all such records and information so obtained shall be duly and regularly entered by such Officer in the proper books of the Council pro-

vided for that purpose. Failing his carrying out his duties to the satisfaction of this Council, this appointment to be reconsidered.

3.—On the motion of Mr. Councillor Harry Jones, seconded by Mr. Councillor Skuse, it was further resolved that the Medical Officer of Health be and he is hereby instructed and required to direct and supervise Mr. Widdowson in making his inspection and report, and that this Council require to be regularly informed through the medium of the Health Committee of all steps that have been or should be taken to close or remedy insanitary, unfit, unsuitable or overcrowded dwellings. And that so soon as the first systematic House-to-House Inspection to be made by Mr. Widdowson has been completed it shall be the duty of the Medical Officer to see and he shall be responsible to the Council for seeing that all further or new cases of insanitary, unfit, unsuitable or overcrowded dwellings arising within this Urban District are visited and inspected by the Officer appointed by this Council and a report thereon entered in the Record Book to be kept by him so that such book at all times be and contain a true and accurate record of the sanitary circumstances of this Urban District.

4.—On the motion of Mr. Councillor Morris, seconded by Mr. Councillor Skuse, it was further resolved to submit to the Local Government Board within three months of this date for the Board's approval a complete scheme with the necessary plans and estimates prepared under and in pursuance of Part III of the Housing of the Working Classes Act, 1890, providing for the purchase of the necessary land upon which this Council will cause to be erected within twelve months from this date, 50 dwelling-houses for the accommodation of the working classes within this Urban District. The following members of the Council were appointed as a Committee with power to draft the proposed Scheme, ascertain what suitable building sites are available, whether the freehold of same can be acquired by agreement and upon what terms, employ skilled assistance in preparing all necessary plans and drawings, and obtain estimates of the cost of the Scheme when completed. And that the Committee be requested to furnish this Council with their Report and Recommendations (if necessary at a Special Meeting) with the least possible delay. The Committee to be composed of the Health Committee and Messrs. Simmonds, Mortimer, Morris and Magness.

5.—On the motion of Mr. Councillor Wathen, seconded by Mr. Councillor Witchell, it was further resolved that the Clerk be instructed to furnish Mr. E. Leonard, the Inspector appointed by the Local Government Board, with a true copy of these Minutes."

*C.—COPIES OF LETTERS received from the Local Government Board relative to the report of the Inquiry by their Inspector.*

LOCAL GOVERNMENT BOARD,

WHITEHALL, S.W.,

24th DECEMBER, 1913.

Sir,

I am directed by the Local Government Board to advert to the Inquiry held by their Inspector, Mr. Leonard, relative to the complaint made to the Board under Section 10 of the Housing, Town Planning, etc., Act, 1909, by the County Council of Monmouthshire that the Urban District Council of Blaenavon have failed to exercise their powers under Part III. of the Housing of the Working Classes Act, 1890, in a case where those powers ought to have been exercised; and I am to forward herewith for the information of the County Council the accompanying copy of a letter which the Board addressed to the Urban District Council on the 17th instant.

I am, Sir,

Your obedient Servant.

(Signed) A. V. SYMONDS,

*Assistant Secretary.*

The Clerk to the County Council of Monmouthshire.

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LOCAL GOVERNMENT BOARD,

WHITEHALL, S.W.,

17th DECEMBER, 1913.

Sir,

I am directed by the Local Government Board to state that they have had under consideration the Report made by their Inspector, Mr. E. Leonard, after the Inquiry held by him with reference to the complaint made to the Board under Section 10 of the Housing, Town Planning, etc., Act, 1909, by the County Council of Monmouthshire that the Urban District of Blaenavon have failed to exercise their powers under Part III. of the Housing of the Working Classes Act, 1890, in a case where those powers ought to have been exercised.

The Board direct me to refer to the resolution passed by the Council on the 26th ultimo, embodying the undertaking given to the Board's In-

spector as to the provision of working class dwellings under Part III. of the Act of 1890; and I am to forward herewith for the information of the Council the accompanying copy of a Memorandum showing the information and particulars with which the Board require to be furnished in connection with an application for sanction to borrow money for the provision of dwellings under Part III. of the Act of 1890, together with a copy of a Memorandum which the Board have issued as to the provision and arrangement of such dwellings.

I am to request that a scheme for the provision of not less than 50 cottages, together with the necessary application for sanction to a loan for the amount required may be submitted to the Board as early as possible before the 26th February, 1914, in order that the whole of such cottages shall be ready for occupation before the 26th November, 1914.

I am, Sir,

Your obedient Servant,

(Signed) NOEL T. KERSHAW,

*Assistant Secretary.*

The Clerk to the Council.

## APPENDIX IV.

**Housing and Public Health in County Districts.**


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T. MERVYN JONES, B.A., LL.B.,  
ASSISTANT SOLICITOR,  
NEWPORT (MON.) CORPORATION.

**SUPERVISORY POWERS OF THE MINISTER OF HEALTH AND THE COUNTY COUNCIL.****Introductory.**

During the course of their present Inquiry into Anti-Tuberculosis Service in Wales and Monmouthshire, the Committee appointed by the Minister, have received evidence of a most disquieting character as to housing, public health and sanitary administration by large numbers of District Councils, and in particular, Rural District Councils in the Principality. The direct responsibility of these District Councils themselves for the present regrettable state of affairs is, of course, obvious. The attention of the Committee, however, has also been drawn to the supervisory powers and the duties that have long been vested both in the Minister of Health and the County Councils.

These powers and duties are now set out clearly so far as public health is concerned in the Public Health Act, 1936; so far as housing is concerned, in the Housing Act, 1936. Hence, as from the 1st October last there can be no dispute as to the joint responsibility of the Ministry of Health and the County Councils with the District Councils for any failure in housing, public health or sanitary administration in a County District. It may, however, be of value and, we trust, of interest, to consider the history of Local Government Law in this particular and to trace the emergence from 1888 to the present of the idea that County Councils should have a general oversight of public health and housing in their area, and that they, and the Minister of Health together, should be given very effective weapons to "ginger up" laggard Authorities.

**Types of Supervisory Powers.**

Generally, it will be seen that Parliament has adopted two alternative procedures in effecting this object—



- (1) That of empowering County Councils themselves to take over functions of the District Council, or otherwise compel them to perform those functions properly; and
- (2) That of giving such power to the Local Government Board (now Minister of Health), the latter, however, only acting on the initiative of a County Council.

Again, the supervisory powers are roughly of three classes. In the first place the successive Public Health Acts and Housing Acts themselves have given such powers to the Minister and the County Council in respect of public health and housing generally. In the second place, particularly supervisory powers have been given to either County Council and/or Minister of Health in respect of particular public health or other functions, *e.g.*, in regard to Tuberculosis, the Public Health (Tuberculosis) Act, 1921, Section 1; and lastly, the Minister of Health has been given a supervisory power through the media of Government grants under the Local Government Act, 1929—the general idea of such powers being that the Minister *qua* payer of the piper is entitled to expect a merry tune.

In passing, we may also notice that there are provisions, which again are reproduced in the 1936 Statutes whereby Councils of County Districts may at any time by agreement with County Councils relinquish their functions to the latter.

### **Public Health Act 1875.**

Immediately before County Councils were brought into existence in 1888, public health was the responsibility of the various Urban Sanitary Authorities and Rural Sanitary Authorities who had been finally established by the Public Health Act, 1875. All England was divided into Urban Sanitary Districts or Rural Sanitary Districts for the purposes of the Act and the respective Authorities were the Local Authorities within the meaning thereof. Defaults by the latter in providing their district with sufficient sewers or the maintenance of existing sewers or providing their district with a supply of water in cases where danger arose to the health of the inhabitants from the insufficiency or unwholesomeness of the supply of water and a proper supply could be got at a reasonable cost, or in enforcing any of the provisions of the Act which it was their duty to enforce, were dealt with in section 299 of the Act. This section provided that where a complaint was made to the Local Government Board of any such defaults, then the latter, if satisfied after due enquiries that the default was proved, could make an Order for the performance of the duty by the Local Authority and failure of performance in the time limited entitled the issue of a Writ of mandamus or the appointment by the Board of a person to perform the duty at the expense of the authority in default. Such a complaint could be made by any "person". Apparently a County Council which was,

of course, not created until 1888 could properly claim to be such a "person" and make such a complaint in pursuance of the section.

The Public Health (Water) Act, 1878, further extended the duty of Rural Sanitary Authorities to provide or require provision of a sufficient water supply within their district.

The Housing of the Working Classes Act, 1885, imposed a general duty on Local Authorities entrusted with the execution of laws relating to public health and local government to put in force from time to time as occasion might arise the powers with which they were then vested so as to secure the proper sanitary conditions of all premises within the area under the control of such authority (Section 7).

These two statutory provisions will be of relevance in considering Section 57 of the Local Government Act, 1929, later.

### **Local Government Act, 1888.**

#### **County M.O.H.**

The Local Government Act, 1888, provided for the establishment of County Councils and with their establishment there came into being the officer responsible for the performance of the Council's public health functions, *viz.*, the County Medical Officer of Health. Section 17 of the Act, however, merely introduced an *enabling* power of appointment of a Medical Officer of Health (Sub-section 1). In the event of such appointment, there was a provision whereby the County Council and any District Council could make arrangements for rendering the services of the County M.O.H. available in the area of the District Council and the County M.O.H. was given all the powers and duties of a District M.O.H. Such an arrangement was deemed to be a satisfaction of the obligation imposed on a District Council by the Public Health Act, 1875, to appoint a Medical Officer of Health. In other words, the idea behind this provision of the 1888 Act seems to have been the complete merger of the District M.O.H., and therefore district administration of public health, to a large extent in the County Medical Officer of Health, an idea which by 1909, as we shall see, the Local Government Board had come to view with disfavour.

Section 19 of the Act imposed an obligation on the District M.O.H. to send to the County M.O.H. a copy of every periodical report which the latter was required to send to the Local Government Board. Failure to send such copy entitled the County Council to refuse to pay any contribution to the District M.O.H. which otherwise in pursuance of the Act they might have undertaken to pay (Sub-section 1). The Section concluded with a provision which would appear to be the first germ of the supervisory powers of a County Coun-

cil. This provided that if it appeared to the County Council from any report of a District M.O.H. that the Public Health Act, 1875, had not been properly put in force within the district or that any other matter affecting the public health of the district required to be remedied, the Council might cause a representation to be made to the Local Government Board on the matter (Sub-section 2). This representation, it should be noted, was legally distinct from the complaint under Section 299 of the Public Health Act, 1875, referred to above. After the operation of the Local Government Act, 1929, the making of such a representation entitled the Minister of Health to proceed under Section 57 (3) of that Act (see *infra*), but until that date it is doubtful what specific legal powers were enjoyed by the Minister consequent upon the representation. In fact, however, it is not hard to imagine the numerous ways in which the Minister could take action.

In the 1888 Act, also, one sees an example of the exercise of supervisory powers through the medium of grants. Section 24 (2) (a) provided that County Councils should pay out of the County funds and charge to the Exchequer Contribution Account half the salary of District M.O.H. where his appointment was generally in accordance with the regulations. But if the Local Government Board certified that the District M.O.H. had failed to send to them such reports and returns as were required by the regulations, then a sum equal to half of the salary was to be forfeited to the Crown, and not paid to the District Council.

### **Housing, Etc., Act, 1890.**

Two years later, *i.e.*, in 1890, the Housing of the Working Classes Act came into force and this Act contained provisions relative to the supervisory powers of County Councils. Section 45 provided that Rural Sanitary Authorities were required to forward forthwith to the County Council a copy of any complaint or information made or given by their M.O.H., or any inhabitant householder, to the Council, or the M.O.H. regarding any dangerous or unhealthy dwelling-house or any obstructive building or any dwelling-house in respect of which a closing order has been made. Section 10 of the same Act which did not apply to Rural Sanitary Authorities, provided that where a representation was made by the M.O.H. to the Local Authority with a view to their passing a resolution in favour of an improvement scheme and if they fail to carry out the suggestion, then the Local Authority were obliged to forward to the Local Government Board a statement giving reasons for their attitude and the latter were then entitled to direct the holding of a local Inquiry. In pursuance of Section 45, if the County Council were satisfied that closing orders or demolition orders or orders for the pulling down of an obstructive building should be made, then after reasonable notice to the District Authority, they were entitled to pass a resolution in favour of the appropriate order and thereupon the powers of the District Authority as respects the houses in ques-

tion were vested in the county council. Expenses of these proceedings were to be considered as a debt due from the District Council. This provision, it will be seen, was considerably extended in the later section, Section 59 of the Housing and Town Planning Act, 1909.

### **Local Government Act, 1894.**

The next step was reached with the constitution and establishment of Urban and Rural District Councils by the Local Government Act, 1894. This empowered Parish Councils or, where none such existed, Parish Meetings, to make complaint to the County Council in cases where Rural District Councils ought to have provided the Parish with sufficient sewers, or to have maintained existing sewers, or to have provided the Parish with a supply of water in cases where danger arose to the health of the inhabitants from the insufficiency or unwholesomeness of the existing supply of water and where a proper supply could be got at a reasonable cost, or where the Rural Council ought to have enforced with regard to the Parish any provisions of the Public Health Act which it was their duty to enforce. The County Council, if satisfied after due enquiry that the District Council had failed in these obligations were entitled to resolve that the duties and powers of the District Council should be transferred to the County Council (Section 16 and 19 (1)). An alternative power was given to the County Council in lieu of transfer of functions to themselves, to make an order in the manner referred to in Section 299 of the Public Health Act, 1875, and appoint a person to perform the duties in question. The Board, and later the Minister of Health, took the view that the County Council could not act under this Section where the power of the Local Authority was discretionary only. Here will be seen the significance of the provisions of the Public Health (Water) Act, 1878, and the Housing of the Working Classes Act, 1885 (*supra*) for both Acts imposed a positive duty on the Councils concerned.

### **Housing, Etc., Act, 1909.**

#### **County M.O.H. Obligatory. Duties of County M.O.H., 1910.**

The greatest extension in the responsibilities of a County Council and in particular their Medical Officer of Health, as the responsible official in the matter of public health, appeared in 1909 with the passing of the Housing (Town Planning, etc.), Act of that year. Section 68 of the Act began by imposing a positive obligation on every County Council to appoint a M.O.H. under Section 17 of the Local Government Act, 1888. The duties of this officer were to be such as might be prescribed by General Order of the then Local Government Board in addition to such other duties as might be assigned to him by the County Council. On the 29th July, 1910, a General Order as to the duties of M.O.H. of Counties other than London, was made by the Board. As this was the first occasion on which the statutory duties of a County M.O.H. were set out in a comprehensive manner, it would be as well to reproduce here the actual words of the Order:—



- (1) The Medical Officer of Health of the County shall inform himself as far as practicable respecting all influences affecting or threatening to affect injuriously the public health in the County. For this purpose he shall visit the several County Districts in the County as occasion may require, giving to the Medical Officer of Health of each County district prior notice of his visit, so far as this may be practicable.
- (2) The Medical Officer of Health of the County shall from time to time inquire into and report upon the hospital accommodation available for the isolation of cases occurring in the County—
  - (a) of smallpox, and
  - (b) of other infectious diseases,
 and upon any need for the provision of further hospital accommodation.
- (3) The Medical Officer of Health of the County shall communicate to the Medical Officer of Health of a County district within the County any information which he may possess as to any danger to health threatening that district.
- (4) The Medical Officer of Health of the County shall consult with the Medical Officers of Health of County districts within the County whenever the circumstances may render this desirable.
- (5) If the annual or special reports of the Medical Officer of Health of a County district in the County shall not contain adequate information in regard to—
  - (a) the vital statistics of the district,
  - (b) the sanitary circumstances and administration of the district, and
  - (c) the action taken in the district for putting in force the provisions of the Housing of the Working Classes Acts 1890 to 1909,
 the Medical Officer of Health of the County shall obtain from the Medical Officer of Health of the County district such further information on those matters as circumstances may demand.
- (6) The Medical Officer of Health of the County shall, when directed by us, or by the County Council, or as occasion may require, make a Special Report to the County Council on any matter appertaining to his duties under this Order.
- (7) The Medical Officer of Health of the County shall as soon as practicable after the 31st day of December in each year make an Annual Report to the County Council up to the end of December on the sani-



tary circumstances, the sanitary administration and the vital statistics of the County.

In addition to any other matters upon which the Medical Officer of Health may consider it desirable to report, his Annual Report shall contain the following sections :—

- (a) A digest of an annual and special reports made by the Medical Officers of Health of all County districts within the County;
  - (b) A section as to the isolation hospital accommodation available for each County district and as to the steps which should be taken to remedy any deficiencies which may exist;
  - (c) A section of the administration of the Housing of the Working Classes Acts, 1890 to 1909 within the County;
  - (d) A section on the water supply of the several County districts within the County;
  - (e) A section on the pollution of streams within the County and as to the steps for the prevention of pollution taken :—
    - (i) by the local authorities, and
    - (ii) by the County Council;
  - (f) A section on the administration within the County of the Midwives Act, 1902; and
  - (g) A section on the administration of the Sale of Food and Drugs Acts, 1875 to 1907, within that part of the County in which the County Council have jurisdiction for the purposes of these Acts.
- (8) The Medical Officer of Health of the County shall send to us two copies of his Annual Report and two copies of any Special Report; he shall also send one copy of his Annual Report to the Council of every County district in the County and shall send three copies of any Special Report to the Council of every such County district affected by the Special Report”.

It will be seen therefore that this Order established, beyond possibility of doubt, that the County M.O.H. was in the widest sense of the term responsible for the public health of his County generally and was accountable both to his own Authority and to the Local Government Board, later the Minister of Health.

### **Status and Powers of County M.O.H.**

Section 68 further increased the powers and enhanced the status of the County M.O.H. He was only removeable from his office by the County Council

with the consent of the Local Government Board or Minister of Health. Generally speaking, he could not be appointed for a limited period, and finally he was given the same powers of entry on premises as those conferred on District M.O.H. by or under any other enactment. A M.O.H. appointed after the Act was prohibited from engaging in private practice.

Finally, the Section provided for the cesser of the powers of County and District Councils to make arrangements with respect to the same person acting as County M.O.H. and as M.O.H. for one or more districts therein. This merger of offices, referred to above, came to be viewed with disfavour by reason of the fact that it interfered with the independence of the County M.O.H. and made it difficult for him to give impartial advice to the County Council. In other words, in place of the idea of unity of control the Act developed the idea of the independent and supervisory control of the County M.O.H. The Local Government Board, however, did express the view that in small Counties such an arrangement might be justifiable on the grounds of economy.

#### **County M.O.H. to Receive Complaints, Etc.**

Section 69 of the Act of 1909 further extended Section 45 of the Housing, etc., Act, 1890 (2) which latter section, as has been observed, referred only to Rural Districts. It provided that the Clerk of a Rural District Council should forward to the County M.O.H. a copy of any representation complaint or information which it was the duty of the District Council under the 1890 Act to forward to the County Council as such. The District M.O.H. is obliged to forward to the County M.O.H. any information which it is within his power to give and which the County M.O.H. might reasonably require for the purpose of his duties. Disputes between the District and County Councils or their respective M.O.H. were envisaged and the section provided for the reference of the same to the Local Government Board whose decision was to be final and binding. Failure to comply with the provisions of Section 69 also entailed summary proceedings against an offending Clerk or M.O.H. of a District Council.

#### **County Public Health and Housing Committee.**

As a further indication of the importance of the public health functions of a County Council, Section 71 of the Act obliged every such Council to establish a Public Health and Housing Committee, to which should stand referred all matters respecting public health and housing of the working classes, and the consideration of whose report was made a pre-requisite to the exercise of any of their powers in regard thereto. With a commendable knowledge of the foibles of over-zealous Committees, however, Parliament expressly excluded

from the Health Committee's delegated powers that of resolving that the powers of a District Council in default should be transferred to the County Council.

### **Supervisory Powers in Respect of Housing.**

The greatest extension of the powers of the County Council and the precedents from which modern sections have obviously been taken, are to be found in the Housing sections of the 1909 Act. Section 10 thereof provided that where a complaint was made to the Local Government Board (a) as respects any *Rural* District by the County Council or by any Parish Council or Parish Meeting in the District or by any four inhabitant householders of the district or (b) as respects any County district, i.e., Boroughs and Urban Districts as well as Rural Districts, by the County Council or by four inhabitant householders of the district or (c) as respects any other local authority by four inhabitant householders in the area that the local authority in question had failed to exercise their powers under Parts II or III of the Housing, etc., Act, 1890, which dealt respectively with unhealthy dwelling-houses reconstruction schemes and the provision of working class lodging houses, then the Board might hold a public local Inquiry. If after such, they were satisfied that there had been a failure on the part of the Local Authority, they might declare the latter to be in default, and make an Order directing them to carry out such works and do such things as might be necessary for the purpose of remedying their default. On failure of the defaulting District Council to comply with the Order, the Board might, if they thought fit, with the consent of the County Council, in lieu of enforcing the Order against the District Council, make an Order directing the County Council to carry out the work and do such things for the purpose of remedying the default. In the event of the adoption of the latter procedure, Section 63 of the L.G.A. 1894, providing for the assignment of function from District to County Councils, was to apply. The Order in pursuance of this Section had to be laid before both Houses of Parliament and could be enforced by mandamus. See Appendix *infra*.

### **Supervisory Powers of the Local Government Board in Respect of Housing.**

Section 11 provided still further for the enforcement of powers under Parts II and III of the 1890 Act, in the event of failure by the Local Authority and also for the enforcement of the improvement schemes in the same event, by the Local Government Board. This power was exerciseable and the Order could be made on the initiative of the Local Government Board themselves. The Order was enforceable by mandamus. This section extended the powers given to the Local Government Board by Section 4 of the Housing Act of 1903, in that it dispensed with the necessity of waiting for a formal report to the Local Government Board. Section 11 could also be used by the Local Government Board to compel an inspection of the district under the Housing Act.

### **Supervisory Powers of County Councils in Respect of Housing.**

So much then for the powers of the Local Government Board. The supervisory powers of County Councils were contained in Sections 12 and 13 of the same Act. The former section allowed a Parish Meeting or any four inhabitant householders or the Parish Council to make complaint to the County Council with a view to the transfer of the Rural District Council's powers to the County Council. Section 13 allowed the County Council to act solely on their own initiative and to apply to the Local Government Board for an Order transferring to the county authority the powers of the Rural Council. It is to be noted that Sections 12 and 13 are confined to default by (a) Rural District Councils, and (b) defaults under Part III of the Housing, etc., Act, 1890 which dealt in the main with the provision of working class lodging houses but included the powers to acquire land for the purposes of Part II of that Act which related to unhealthy dwelling-houses generally. Before leaving the 1909 Act we may note that Section 51 thereof, in the Town Planning portion of the Act, gave powers to the Local Government Board in case of default of Local Authorities in making or executing Town Planning Schemes.

### **Duties of County M.O.H. To-day.**

Between 1909 and 1929 there were no changes in law of any major importance in regard to supervisory powers in general. The County M.O.H. (Duties) Order, 1910 was replaced by the Sanitary Officers' Orders 1922, and the latter in turn by the Order of 1926. To-day, in 1938, the relevant Order for County M.O.H. is the Sanitary Officers' Outside London Regulations 1935 and in particular Article 6 thereof. This provides as follows :—

*“Duties.* A medical officer of health of a county shall, in respect of the county for which he is appointed, in addition to any other duties which may be assigned to him by the county council, carry out the following duties :—

1. He shall inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the county and be prepared to advise the county council on any such matter. For this purpose he shall visit the several county districts in the county as occasion may require, giving to the medical officer of health of each county district prior notice of his visit, so far as this may be practicable;
2. He shall perform all the duties imposed on a medical officer of health of a county by statute and by any orders, regulations or directions from time to time made or given by the Minister;



3. He shall as soon as practicable after the 31st day of December in each year make an annual report to the county council for the year ending on that date on the sanitary circumstances, the sanitary administration and the vital statistics of the county, containing, in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister, and furnish the Minister with as many copies of such report as the Minister may from time to time require;
4. He shall furnish the Minister with one copy of any special report which he may make to the county council”.

M.O.H. of Boroughs, Urban and Rural Districts have to include in their Annual Report a section relating to Housing and this must now contain:—

- “(1) The number of houses which on inspection were considered to be unfit for human habitation;
- (2) The number of houses the defects in which were remedied in consequence of informal action by the Local Authority or their Officers;
- (3) The number of representations made to the Local Authority with a view to (a) the serving of notices requiring the execution of works or (b) the making of demolition or closing orders.
- (4) The number of notices served requiring the execution of works;
- (5) The number of houses which were rendered fit after service of formal notices;
- (6) The number of demolition or closing orders made;
- (7) The number of houses in respect of which an undertaking was accepted under sub-section (2) of section 19 of the Housing Act, 1930; (now see 1936 Act);
- (8) The number of houses demolished”.

See Housing Consolidated Amendment Regulations 1932 Art. 4, S.R. and O. No. 648).

### **Supervisory Powers in Respect of Tuberculosis.**

In 1921, we find an example of a provision respecting a particular default and this time by a County or County Borough Council, in Section 1 (2) of the Public Health (Tuberculosis) Act of that year. This provided for the Minister of Health (he was given this title in 1919) making such arrangements as he might think necessary for the treatment of Tuberculosis in the event of failure by Councils of Counties or County Boroughs. In view of pre-existing arrangements made by the latter in Wales with the King Edward VII Welsh National Memorial Association, this section could have no application to Welsh authorities.



### **Supervisory Powers in Housing Acts After 1909.**

In regard to Housing, the default provisions of Section 45 of the 1890 and Section 69 of the 1909 Act were reproduced in a new form in Section 25 of the Housing Act, 1925. The section enabled a County Council to ensure that Rural Authorities fulfilled their duties under Part I, of the Housing Act, *i.e.*, the houses unfit for human habitation, obstructive buildings and Closing Orders. This section was amended by subsequent Housing Acts and has now been replaced by Section 169 of the Housing Act, 1936. The supervision of Urban Districts in the matter of housing under Part I of the Housing Act, 1925, was contained in Section 10 of the Act of 1909. This section was replaced by Section 23 of the 1925 Act while Section 11 of the 1909 Act was replaced by Section 24. Both sets of sections dealt in part with a Rural District and to this extent they have been replaced by Section 169 of the Housing Act, 1936. In so far as they deal with Urban District Councils, however, these sections have been replaced by Sections 171 and 172 of the latter Act.

### **Local Government Act, 1929.**

The Local Government Act, 1929, considerably extended the powers of County Councils to supervise the District Councils in respect of Public Health functions. Section 57 empowered County Councils to agree to contribute towards the cost of sewerage and water schemes undertaken by District Councils (sub-section 1). Further, District Councils were statutorily empowered (sub-section 2) to relinquish in favour of the County Council any of their functions relating to "Public Health". These the Act interprets as meaning (Section 134) Maternity and Child Welfare, Lunacy and Mental Deficiency and Welfare of the Blind services, in addition to functions under the Public Health Act. It should be noted that so far as the latter include functions relating to Public Health which are functions under the Public Health Act, 1936, this particular provision is now replaced by Section 320 of that Act. This section, however, continues in force so far as matters dealt with in the 1875 but not the 1936 Public Health Act, are concerned. Finally, Section 57 of the 1929 Act reproducing provisions of Section 299 of the P.H.A. 1875, (which was repealed so far as non-county Borough, Urban and Rural District Councils were concerned), provides for an Order of the Minister of Health transferring to the County Council, in the event of the District Council's default functions respecting sewage, water supply or any function relating to public health, if after enquiry the Minister is satisfied that there has been such default. In regard to water, it is to be noted that the limitation of this supervisory power to cases where danger arises to health from the existing supply of water, has now been abolished by the 1929 Act. Generally, so far as the subject matter of the Public Health Act, 1936, is concerned, Section 57 has now been replaced by Sections 307, 320 and 322 thereof.

### **Reduction of Grants.**

Section 104 of the L.G.A. 1929 provides for the reduction by the Minister of the grants payable to any Council if he is satisfied there has been any failure in their discharge of functions relating to public health. It is interesting to note that representations may be made to the Minister under this section by "any association or other body of persons experienced or interested in matters relating to public health",—a most commendable recognition by Parliament of the status of voluntary agencies in public health matters. The Minister, too, may be so satisfied without any such representations.

### **Local Government Act, 1933.**

In 1933, Local Government Law, so far as administration was concerned, was consolidated. County M.O.H. are dealt with in Section 103 of the Act, which replaces the provisions referred to above, *viz.*: Sections 17 and 18 of L.G.A. 1888 and Section 68 and 69 of the Housing and Town Planning Act, 1909. The obligation to appoint this officer, his qualifications, his security of tenure, his powers of entry similar to those enjoyed by District M.O.H., the prohibition against his engaging in private practice, and finally the prescription of his duties, are all dealt with in this section. So far as the last-mentioned are concerned, these are now set out very fully in the Sanitary Officers (Outside London) Regulations, 1935, and in particular Article 6 thereof. (See *supra*. p. 14 (a)).

### **District M.O.H.**

The liability of County Councils to contribute to the salaries of District M.O.H. and Sanitary Inspectors (see Section 24 (2) (c) L.G.A. 1888 *supra*) is continued by Section 109 of the 1933 Act. In this section again are to be found the penal provisions providing for forfeiture of this one-half salary to the Crown in the event of the Minister of Health certifying to the County Council that the District M.O.H. has failed to send either to the Minister his report and returns or to the County M.O.H. such information as the latter may require. It is in the 1933 Act that we see financial sanctions being used to enforce a general obligation on District M.O.H. to furnish to the County M.O.H. such information as the latter may reasonably require for the purposes of his prescribed duties. This requirement is contained in Section 113 which also continues the provision that the Minister of Health shall be the mediator in the event of any difference between County and District M.O.H. Section 111 continues Section 58 of the L.G.A. 1929 in providing that arrangements may be made by the County Council by way of a scheme for securing that every District M.O.H. subsequently appointed shall be restricted from engaging in private practice. The Minister

of Health may require the County Council to make this arrangement and if, after such requirements, the County Council fail so to do, the Minister may formulate such arrangements himself.

### **Union of Authorities.**

#### *(a) Reviews of County Districts.*

Before proceeding to the modern legal provisions relating to the supervisory powers of County Councils and the Minister of Health in the matter of Housing and Public Health it may be of value to refer to certain kindred powers of County Councils which may be of relevance in this connection. Reviews of County Districts by County Councils may be undertaken in pursuance of Section 46 of the L.G.A. 1929 and Section 146 of L.G.A. 1933. The resultant alteration of areas may have a very considerable bearing on the improvement in the administration of public health and housing in County Districts generally. Similar provisions are contained in Sections 140, 141 and 142 of the same Act. The Minister may make an Order providing for such alterations (Section 140). On the other hand, the County Council themselves may do so on their own initiative and, in particular, may provide for the union of Urban or Rural Districts with any other Urban or Rural Districts in their County (Section 141).

#### *(b) Joint Committees.*

Joint Committees may be appointed by Local Authorities for any purpose in which they are jointly interested, to which Committee they may delegate any of their functions relating to that purpose except the power of levying a rate (Section 91, L.G.A. 1933). An Order uniting Districts, *i.e.*, as here used, County Boroughs or County Districts, for the purpose of appointing a M.O.H. may be made by the Minister under Section 112 of the L.G.A. 1933, subject to the qualifications referred to therein.

#### *(c) Joint Boards.*

The Public Health Act, 1936, in Section 6, enables an internal Order of the Ministry of Health to be made for the union of districts or parts of districts for any of the purposes of the 1936 Act or of the P.H. Acts 1875 to 1932. Again in Section 8 of the same Act the particular power given to the Minister to constitute Joint Boards (which are legal entities) for the purposes of Tuberculosis, has been generalised and County Councils and County Borough Councils may be empowered to discharge their functions under the P.H.A. 1936 through the medium of such Joint Boards. In addition, there are, of course, the usual powers enjoyed by Local Authorities, of proceeding by way of Provisional Order or private Act of Parliament to constitute a Joint Authority for the purposes of any of their functions under the Public Health Acts.

### Modern Supervisory Powers of County Councils.

#### (a) *Public Health Act, 1936.*

So far as Public Health generally is concerned, *i.e.*, so much thereof as relates to the prevention and treatment of disease, that is as regards *environment*, to such matters as drains and sewers, buildings, water supply and the abatement of nuisances and as regards *personal* hygiene, to such matters as the provision of hospitals, maternity centres, etc., the default powers of a County Council are now contained in Section 321 of the above Act. This provides for a complaint by the County Council to the Minister. The Minister, and the Minister alone, is entitled to exercise the actual weapon of default (see *infra*). The former power of direct action enjoyed by County Councils under Section 16 of the 1894 Act has been abolished.

#### (b) *Housing Act, 1936.*

So far as Housing is concerned, County Councils either on their own initiative or on complaints from Parish Councils, etc., may hold a public local Inquiry into allegations of default, and if such is proved, they may make an Order directly transferring to themselves the functions of any Rural District Council. In the case of Urban District Councils, even in regard to Housing, the County Council can only proceed by way of complaint to the Minister who in turn after enquiry may make an Order directing the remedying of a default and failing compliance with the latter Order. Further Orders transferring functions either to himself or to the County Council may be made by the Minister (Section 171).

### Modern Supervisory Powers of the Minister of Health.

Generally, however, in regard both to Public Health and Housing, the Minister of Health alone can exercise positive powers in the event of the default of Local Authorities.

#### (a) *Public Health Act, 1936.*

Section 322 of the P.H.A. 1936 provides that where (1) any complaint is made to the Minister of failure by any Council, Port Health Authority or Joint Board, or (2) the Minister is of opinion that an investigation should be made whether there has been such failure, then the Minister may hold a local Inquiry and, on the default being proved, may make an Order declaring the default proved and directing the Council to remedy such. On non-compliance with the latter Order, then the Minister has the alternative (in addition to procedure by way of *mandamus*) of either (i) in the case of a County District providing for transfer of functions to the County Council, or (ii) and this is generally applic-



able, making a further Order transferring functions to himself. Provisions consequential on the operation of such Orders are contained in Section 323 *et seq* of the 1936 Act.

(b) *Housing Act, 1936.*

The Minister enjoys similar powers so far as Housing is concerned. Section 169 (4) of the 1936 Act provides that the Minister, upon receipt of a representation from any Justice of the Peace or four Electors, may compel a County Council to exercise his supervisory powers over *Rural Councils* under the Section in question. Section 170 of the Act gives power to the Minister either by way of positive mandatory Order or by way of Order transferring functions to himself, to compel a County Council to exercise functions that may have been transferred to them from Rural Districts in pursuance of the County Council's default powers.

*Local Authorities, other than Rural District Councils*, are subject to the supervisory powers of the Minister of Health in pursuance of Section 171. County Councils can complain in the case of County Districts; and in respect of these, and all other Local Authorities under the Act, a Justice of the Peace or four Local Government Electors can so complain; while the Minister is always empowered to act on his own initiative. Here again, we have the usual procedure of public local inquiry followed by the making of an Order declaring default, followed in turn, on non-compliance, by an Order directing County Councils to exercise functions in the case of County District Councils' default or transferring powers to the Minister in the case of any Authority. The following sections, Section 172, *et seq* contains consequential provisions.

The Housing Act, 1936, in Section 88 thereof now specifically imposes a duty on County Councils in respect of housing conditions in rural districts. The section is sufficiently important to be set out in extenso.

- “(1) It shall be the duty of the council of every county, as respects each rural district within the county, to have constant regard to the housing conditions of persons of the working classes, the extent to which overcrowding or other unsatisfactory housing conditions exist and the sufficiency of the steps which the council of the district have taken, or are proposing to take, to remedy those conditions and to provide further housing accommodation.
- (2) The Council of every rural district shall at such intervals, not being in any case less than one year, as the county council may direct, furnish to that council such information with regard to the matters mentioned in the foregoing sub-section as the county council may



reasonably require for the purpose of enabling them to carry out their duties thereunder”.

The limited financial resources of rural councils and possibility of assistance by the county council are envisaged by the Act of 1936. Section 115 provides that the county council *shall* undertake to make a contribution to the rural district council of £1 per annum per house for all houses provided by them for the accommodation of the agricultural population of their district and may undertake to make a contribution in respect of *any* house provided with the approval of the Minister. Again, Section 124 provides that county councils may lend money to rural, as also to urban, district councils within their area, for the purposes of the Housing Act. The conditions subject to which such loans may be made are still those set out in the Housing (Loans by County Councils) Order, 1925.

The related problem of smallness of administrative area which faces so many urban and rural districts can now be met by action under Section 151 of the Act, which empowers the Minister of Health on the application of any one council to make an Order, having the force of a Provisional Order, providing for joint action by district councils for any of the purposes of the Housing Act.

County Councils in administering the Housing Act must refer all matters relating to the exercise and performance of their powers and duties thereunder (except the power of raising a rate or borrowing money) to their Public Health and Housing Committee, which we have seen they were obliged to establish by the 1909 Act. (Housing Act, 1936. S. 153).

### Conclusion.

In this way, it will be seen that the supervisory responsibility of County Councils has steadily increased from 1888 to the present time. This extension has, to a large extent, resolved itself around the enhanced powers and increased the responsibilities of the County M.O.H. The public health duties of the latter, as set out in the Sanitary Officers' Regulations 1935, have been referred to. Duties are also imposed on him by similar regulations under the Housing Acts. There is a striking similarity between the present legislative provisions in regard to public health and housing. Of both sets of provisions, it may be said, in the words of the Local Government and Public Health Consolidation Committee in their Second Interim Report (which, of course, concerns public health alone), that the general idea is “While the County Council should have the power (and duty) of calling the Minister's attention to alleged default on the part of a County District Council, the actual weapon of default is to be exercised by the Minister alone”.

## APPENDIX V.

## Immunization Against Diphtheria—1937.

During the year under review the work of Active Immunization against diphtheria was carried out in the following districts: 1, Tredegar U.D.; 2, Risca U.D.; 3, Caerleon U.D.; 4, Chepstow R.D.; 5, Magor and St. Mellons R.D.; 6, Abergavenny U.D.

In the case of the Abergavenny U.D. the prophylactic injections had been given in 1936, but the final Schick Tests for ascertaining immunity or susceptibility were performed in 1937.

The result in this case was:—

Number Schick Tested	...	...	...	214	
Number Negative (Immune)	...	...	...	205	= 95% approx.
Number Positive (Susceptible)	...	...	...	9	= 5% approx.

In the cases of the other districts the prophylactic injections were given in 1937, but only children in the Magor and St. Mellons R.D. received the final Schick Test.

The result of the year's work is set out in the table below.

	No. of Children 9 yrs. or over Schick Tested.	No. positive (+) (Susceptible)	No. Negative (—) (Immune)	No. absent at reading of test.	No. under 9 yrs. who received injections.	Total No. who received injections.	Final Schick Test.	
							+	—
Magor and St. Mellons R.D.	324	256	67	1	344	600	20	413
Risca U.D. ...	493	323	170	0	469	792	Not tested	
Tredegar U.D. ...	112	52	54	6	509	561	Not tested	
Caerleon U.D. ...	125	101	24	0	133	234	Not tested	
Chepstow R.D. ...	298	226	66	6	391	617	Not tested	

Thus it will be seen that 1,352 children of 9 years and over were Schick Tested (Primary test), of these 958 were found to be positive or susceptible to diphtheria and 381 were negative or immune. That is 70% of the children 9 years and over were found to be, as ascertained by the Schick Test, susceptible to diphtheria. A point of interest, revealed in the table is that children living in rural areas acquire immunity later than those living in urban areas. This is only

to be expected when one considers that the principal agent of naturally acquired immunity is the diphtheria bacillus. Children in urban areas have more chance of coming in contact with carriers than have rural children.

The number of children under 9 years of age who received prophylactic injections was 1,846. Thus the total number of children who received treatment was 958 (Schick + over 9 years) plus 1,846, i.e., 2,804.

The material used for injection was Toxoid Antitoxin Floccules given in three doses, an interval of a week between each dose. No untoward reaction was experienced in any case.

It has not been considered advisable to change the "three shot" method for the "one shot" method. The "one shot" method seems more liable to produce unpleasant reactions and this would prove a definite draw-back to any large scale immunization campaign. Also, the work of certain investigators seems to point to the fact that the immunity produced by the "One shot" method is not so "durable" as that produced by the "three shot" method, provided that Toxoid Antitoxin Floccules is the agent employed to produce immunity. It is for these reasons that the older and slower method of active immunization is persisted with.



